

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH.

RECEIVED FEB 17 1931
DO NOT WRITE IN THIS SPACE
State File No. **73681** S

PLACE OF DEATH

County of Lincoln
City of Dietrich

Registration District No. 16
Primary Registration District No. 2016

Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn

(a) Residence. No. _____ St. _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Jan 10 1930</u>			
7. AGE	Years	Months	Days
	—	—	—
If LESS than 1 day, _____ hrs. or _____ min.			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work _____			
(b) General nature of industry, business, or establishment in which employed (or employer) _____			
(c) Name of employer _____			

9. BIRTHPLACE (city or town) (State or country) Dietrich Ida

PARENTS

10. NAME OF FATHER R M Savage
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hagerman Ida
12. MAIDEN NAME OF MOTHER Sarah Willie
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Utah

14. Informant R M Savage
(Address) _____

15. Filed Jan 12, 1931 J. L. Fuller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan 10 1930
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1930, to Jan 10 1930
that I last saw him alive dead, 19____
and that death occurred, on the date stated above, at 10 m.
The CAUSE OF DEATH* was as follows:
Stillborn. Premature
Birth

CONTRIBUTORY none
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam

(Signed) J. E. J. Roberts, M. D.

1/11 1930 (Address) Shoshone Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shoshone Ida **Date of Burial** 1-12 1931

20. Undertaker Geo. H. H. H. Shoshone Ida **Address** _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.
Exact statement of OCCUPATION is very important.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
S74131
State File No.

PLACE OF DEATH

County of JeremiCity of Carmen

CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Stillborn Bayle Creek St. 206
(Usual place of abode.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Carmen
(State or country)

10. NAME OF FATHER James Dumble

11. BIRTHPLACE OF FATHER (city or town) Carmen
(State or Country)

12. MAIDEN NAME OF MOTHER Emma J. Marsh

13. BIRTHPLACE OF MOTHER (city or town) Utah
(State or Country)

14. Informant (Address) James Dumble
Bayle Creek

15. Filed March 1, 1931 Clis Billamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 2-30 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Natural Causes

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm C. Doeble Carmen, M. D.
2/6 1931 (Address) Salvador Jda.

19. Place of Burial, Cremation, or Removal Bayle Creek Date of Burial 2/8 1931

20. Undertaker Wm C. Doeble Address Salvador Jda.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

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Registrars should be careful to see that the medical

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statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

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CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Nez PerceCity of Lewiston

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 96Primary Registration District No. 109(No. St Joseph Bor filal St.)File No. 310Registered No. 310

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Lester Anderson Jr.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Single

(Write the word.)

6. DATE OF BIRTH

11 (Month) 4 (Day) 1898 (Year)

7. AGE

— Yrs. — Mos. — ds.IF LESS than 1 day
how many — hrs.
or — min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

Lester Anderson

11. BIRTHPLACE OF FATHER

(State or Country) not known

12. MAIDEN NAME OF MOTHER

Mildred Bishop

13. BIRTHPLACE OF MOTHER

(State or Country) Id.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Bishop

(Address)

15. Filed Dec 5th 1919 Ernest E. Bruce
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

7 (Month) 19 (Day) 1919 (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1917 to Nov 9 1919that I last saw him alive on 5 1919and that death occurred on the date stated above, at St. Joseph M.

The CAUSE OF DEATH* was as follows:

Still Born(Duration) — Yrs. — mos. — ds.Contributory
(Secondary)(Duration) — yrs. — mos. — ds.(Signed) John H. Valley M. D.19 (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means, of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death — yrs. — mos. — days. In the State — yrs. — mos. — days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Lewiston Ida

DATE OF BURIAL

Nov 10 1919

20. UNDERTAKER

C. J. Vassar

ADDRESS

Lewiston

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

RECEIVED APR 13 1931

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S74260**

PLACE OF DEATH

County of **Fremont**
City of **Ashton**

Registration District No. **102**
Primary Registration District No. **6**

RECEIVED APR 13 1931
Local Registrar's No. **206**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Still Born Cordingley**

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Ashton Idaho**
(State or country)

10. NAME OF FATHER **Warren Cordingley**

11. BIRTHPLACE OF FATHER (city or town) **Utah**
(State or Country)

12. MAIDEN NAME OF MOTHER **Rtel Derney**

13. BIRTHPLACE OF MOTHER (city or town) **Utah**
(State or Country)

14. Informant **Warren Cordingley**
Ashton Idaho
(Address)

15. Filled **4-10-31** **Q. M. M. M. M.**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Feb 2 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Feb 2 1931** to **Feb 2 1931**,
that I last saw him alive on _____, 19____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Still Born Presence of Occupant and paralytic

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? **Yes**

What test confirmed diagnosis?

(Signed) **Q. M. M. M.** M. D.

(Address) **Ashton Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Ashton Idaho** Date of Burial **19**

20. Undertaker **Lewis Kiser Ashton Idaho** Address

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spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED ADD A 1931

DO NOT WRITE IN THIS SPACE

74525

S

State File No.

PLACE OF DEATH

County of Lyon FallsCity of BuhlRegistration District No. 39Primary Registration District No. 2-087

Local Registrar's No.

(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Williamson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Buhl Ida.
(State or country)10. NAME OF FATHER Perry D. Williamson11. BIRTHPLACE OF FATHER (city or town) Iowa.
(State or Country)12. MAIDEN NAME OF MOTHER Elena McBernick13. BIRTHPLACE OF MOTHER (city or town) Engene Or.
(State or Country)14. Informant Elena Williamson
(Address)15. Filed Mar 28 1931 J. H. Warpley
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Still Born

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. E. Luntz M. D.
Jan 17 1931 (Address) Buhl Ida.19. Place of Burial, Cremation or Removal Buhl Ida. Date of Burial Jan 17 193120. Undertaker L. Johnson Address Buhl

Shurt

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc. Carcinoma, Sarcoma, etc., of _____ (name original). "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. When contributory (secondary or intercurrent affection) need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 4ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic); "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or from carriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequent (e.g. sepsis, tetanus) may be stated under the heading "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attends the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED JUN 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

S75196

PLACE OF DEATH

County of Ben Registration District No. 6City of Emmett Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Son Mr. & Mrs B.A. Robinson

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 3 - 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
Premature birth

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Emmett
(State or country) Idaho10. NAME OF FATHER B. A. Robinson11. BIRTHPLACE OF FATHER (city or town) Bloomington Tenn. USA
(State or Country)12. MAIDEN NAME OF MOTHER Sora E. Webb13. BIRTHPLACE OF MOTHER (city or town) Bookeville Tenn.
(State or Country)14. Informant (Address) Emmett Idaho.15. Filed 5/4 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

at birth, 19____, to____, 19____that I last saw him alive on still born 19____

and that death occurred, on the date stated above, at ____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:acute toxemia of pregnancy
necessitating removal of foetus
at 7 months. Baby born in
Delivery (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. H. Reynolds M. D.
5/4 1931 (Address)19. Place of Burial, Cremation, or Removal Emmett Idaho Date of Burial 5/4 193120. Undertaker C. Buckner Address Emmett Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PLACE OF DEATH

City of

County of

IN

2 SPACE

No.

and State)

Year)

m.
At
(2)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S 75215**

PLACE OF DEATH
County of **Jefferson**
City of **Grant.**

Registration District No. **98**
Primary Registration District No. **2176**
(No.)

Local Registrar's No. **206**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Hales.**

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or **Babe** (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **March 21, 1931**

7. AGE Years Months Days If LESS than 1 day,
0 0 0 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Grant, Idaho.**
(State or country)

10. NAME OF FATHER

Elmer Hales.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Utah.**

12. MAIDEN NAME OF MOTHER **Lillian Jensen.**

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Utah.**

14. Informant **Elmer Hales**
(Address)

15. **JUN 1 1931** **C. H. GAVIN, M.D.**
Filed Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **March 21 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 21 1931 to May 3 1931
that I last saw **immediately at birth** 19...
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Self born malposition of birth
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? **?**

Did an operation precede death? **no** Date of

Was there an autopsy? **no**

What test confirmed diagnosis? **none**

(Signed) **C. H. Gavin** M. D.
3-31 1931 (Address) **Rigby, Ida**

19. Place of Burial, Cremation, or Removal **Rigby, Idaho.** Date of Burial **3/21/31 19**

20. Undertaker **W. B. ...** Address **Rigby**

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Ccma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED JUL 7 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **S 75414**

PLACE OF DEATH

County of Canyon
City of Nampa

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1006 Local Registrar's No. 80
(No. 911-16th Ave. So.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Ucinicia

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) June 11th 1931

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, hrs. or min. none

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

10. NAME OF FATHER E. Ucinicia

11. BIRTHPLACE OF FATHER (city or town) Spain
(State or Country)

12. MAIDEN NAME OF MOTHER Clara Rubelt

13. BIRTHPLACE OF MOTHER (city or town) Nevada
(State or County)

14. Informant Mrs. Clara Ucinicia
(Address) Riddle, Idaho

15. Filed 6-11-31 Detha Conner
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11th 1931
(Month) (Day) (Year)

17. WHEREBY CERTIFY, That I attended deceased from June 11, 1931 to June 11, 1931
that I last saw him alive on June 11, 1931 and that death occurred, on the date stated above, at 1 A. m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still Born. Died in uterus from pressure on cord at delivery. (duration) _____ yrs. _____ mos. 1 ds.
CONTRIBUTORY Dry birth, cord about neck, pressure on cord when shoulder emerged. (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ✓
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis R. Bell, M. D.
6-11-31 (Address) Nampa

19. Place of Burial, Cremation, or Removal Kohlerlawn-Nampa Date of Burial 6-11-1931

20. Undertaker Mrs. Nina M. Jallen Address Nampa

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED JUL 8 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of MadisonCity of RedburgRegistration District No. 100Primary Registration District No. 2178

(No.)

Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Mortensen

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 17th 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workInfant(b) General nature of industry,
business, or establishment in
which employed (or employer)Still born

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Redburg
Idaho

10. NAME OF FATHER

Estel Peter Mortensen11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho
Idaho

12. MAIDEN NAME OF MOTHER

Vera Birch13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho
Idaho

14.

Informant
(Address)E. P. Mortensen
Redburg

15.

Filed

6/23 1931J. P. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 17 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on June 17, 1931

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature (5 mos)CONTRIBUTORY
(Secondary)Acute Cardiac
decompensation
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed)

6-23 1931 (Address) Redburg

19. Place of Burial, Cremation, or Removal

Date of Burial

Redburg Idaho June 18 1931

20. Undertaker

Address

Vern Keller Redburg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76324**

PLACE OF DEATH
County of Madison
City of Reuburg

Registration District No. 100
Primary Registration District No. 2178

Local Registrar's No. 41

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Smith

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 12 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reuburg Ida.
(State or country)13. NAME Wren Smith14. BIRTHPLACE (city or town) Lysman Ida.
(State or country)15. MAIDEN NAME Sandra Mortensen16. BIRTHPLACE (city or town) Lysman Ida.
(State or country)17. INFORMANT Mrs. E. M. Jenkins
(Address) Sugar City18. BURIAL, CREMATION, OR REMOVAL
Place Reuburg Date Sept 20 193119. UNDERTAKER Wm. J. K. K. K.
(Address) Reuburg Ida.20. FILED 9/2, 1931 Reuburg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from, 1931, to, 1931.

I last saw him alive on, 1931; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Stillborn (7 mos) Date of onset

Placenta previa, with
hemorrhage (kicking)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1931.Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. K. K. K. M. D.(Address) Reuburg, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76341

PLACE OF DEATH

CERTIFICATE OF DEATH

County of IdahoCity of IdahoRegistration District No. 19Primary Registration District No. 2010

(No. _____)

Local Registrar's No. 40

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode.)

St. _____

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. _____ yrs. _____ mos. _____ ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 0 Years 0 Months 0 Days If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Rupert, Idaho
(State or country)10. NAME OF FATHER Lewis Brown11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Mary F. Scott13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14.

Informant
(Address)

15.

Filed 8-26, 19311931E. E. Elmore

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

head at birth, 19____
that I last saw him alive on _____, 19____

and that death occurred on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Prenatal hemorrhage from Placenta Previa. Home delivery.
(duration) _____ yrs. _____ mos. 2 ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. E. Elmore, M. D.8-26, 1931 (Address) Rupert, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Rupert, Idaho June 12, 193120. Undertaker W. A. Goodman Address Rupert, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b)* Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

RECEIVED OCT 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

S 76463

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. None)Local Registrar's No. 153

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME David James Mark(a) Residence. No. 435 So. Third St.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word.) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Henry Mark6. DATE OF BIRTH (month, day and year) Sept. 22, 1931

7. AGE

Years XMonths XDays XIf LESS than 1 day,
hrs. or
min. None

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. None(b) General nature of industry,
business, or establishment in
which employed (or employer) None(c) Name of employer None9. BIRTHPLACE (city or town)
(State or country) Pocatello
Idaho10. NAME OF FATHER Henry Mark11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Unknown
U.S.A.12. MAIDEN NAME OF MOTHER Viola13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Unknown
U.S.A.

14.

Informant
(Address) Henry Mark
435 So. Third St.

15.

Filed Sept. 23, 1931D. C. Ray
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month) Sept(Day) 22(Year) 1931

17. I HEREBY CERTIFY, That I attended deceased from

9-221931, to9-221931that I last saw him alive on dead - 9-22, 1931and that death occurred, on the date stated above, at 459 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Drowned in Amniotic fluid
due to Abruptio Placentae

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted, <
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Specimen(Signed) Henry Mark9-241931(Address) Pocatello, M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

Pocatello Idaho9/26/31

20. Undertaker

Address

H. S. McKenPocatello Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

St. John,

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonneville

City of Idaho Falls

Registration District No. 73

Primary Registration District No. 2140

Local Registrar's No. 25

State File No. S77183

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Jorgensen

(a) Residence. No. Pt. 3

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 25, 1931

7. AGE Years # Months # Days # If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls

(State or country) Pt. 3

13. NAME James Jorgensen

14. BIRTHPLACE (city or town) Denmark

(State or country)

15. MAIDEN NAME Alice Foster

16. BIRTHPLACE (city or town) Idaho

(State or country)

17. INFORMANT James Jorgensen

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ammon, Ida. Date Nov 27, 1931

19. UNDERTAKER Jack G. Wood

(Address) Idaho Falls, Ida.

20. FILED 11/2, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1931, to Nov. 25, 1931

I last saw h. alive on , 193 : death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Still Born

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **S 77372**

PLACE OF DEATH
County of *Winn Falls*
City of *Buhl*

Registration District No. *39*
Primary Registration District No. *2087*

Local Registrar's No. *6*

(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Baby Davis*

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *W* 5. Single, married, widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE *✓* Years *✓* Months *✓* Days *✓* If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Buhl, Ida.*
(State or country)

10. NAME OF FATHER *Ray Davis*

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *Penn*

12. MAIDEN NAME OF MOTHER *Lilla Henchy*

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) *Va*

14. Informant *John Black*
(Address) *Buhl, Idaho*

15. Filed *Nov. 16, 1931*
J. H. Murphy
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Still Born 11/11/31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Still Born

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) *R. E. Smith* M. D.*11/11*, 19 *31* (Address) *Buhl, Ida.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal. Date of Burial

Buhl Cemetery *11/17/31*
19. Undertaker *Wm. D. Rugg* Address *Buhl, Ida.*

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED FEB 9 1937
CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Washington*
City of *Weiser*

Registration District No. *86*

Primary Registration District No. *2112*

(No. _____ St.)

State File No. *S 58104*

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Bobby Nielson

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single
(Write the word)

6. DATE OF BIRTH

Aug. 25 31
(Month) (Day) (Year)

7. AGE

Still born
Yrs. _____ Mos. _____ ds. _____

IF LESS than 1 day how many
hrs. or min. ?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF FATHER

Francis Nielson

11. BIRTHPLACE OF FATHER

(State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Martha Cahoon

13. BIRTHPLACE OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Francis Nielson

(Address)

Weiser - Ida

15.

Filed

Jan 21

19 *32*

W. R. Hamilton
E. J. Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 25 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

now 19 _____ to 19 _____

that I last saw him alive on *stillborn* 19 _____

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Stillborn
cause unknown

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

M. H. Kaphors

M. D.

1931 (Address) *Weiser Ida*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

Hillcrest Cemetery

DATE OF BURIAL

8-25-31

20. UNDERTAKER

L. C. Northrup

ADDRESS

Weiser Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JAN 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 187441

County of Blaine
City of Rupert
No. _____ St. _____

Registration District No. 19 State File No. _____

(If born in hospital or institution
give name.)

Registration District No. 2015 Local Registrar's No. 202

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 1</u> (Month) (Day) (Year) <u>1931</u>
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? See label 1930

Number of child of this mother, including present birth. 2 (a) Born alive and now living. 0

Born alive but now dead 0 Stillborn 2

FATHER FULL NAME <u>Clark Elmer Larson</u>	MOTHER FULL MAIDEN NAME <u>Maggie Spales</u>
---	---

Residence (Usual place of abode) Rupert

If non-resident, give place and State

Color or race White Age at last Birthday 26 (Years)

Birthplace Tenn. (City and State or County)

Occupation Cashier

Color or race White Age at last Birthday 21 (Years)

Birthplace Tenn. (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:20 M.
on the date above stated.

(Signature) E. E. Shum

(Physician or midwife)

Address Rupert

Filed Jan 3 1931 E. E. Shum

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Mendocino
City of Reposit

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No. 19Primary Registration District No. 2016
(No. _____ St.)Still BornSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSState File No. 13451Local Registrar's No. 76

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

Jan 1 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?0 Yrs. 0 Mos. 0 ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)Child

9. BIRTHPLACE

(State or Country)

Idaho

10. NAME OF

Father

Clark Lawson

11. BIRTHPLACE OF FATHER

(State or Country)

Tennessee

12. MAIDEN NAME OF MOTHER

Maggie Sproules

13. BIRTHPLACE OF MOTHER

(State or Country)

Virginia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Clark Lawson
Reposit Idaho

15.

Filed

Jan 5 1931 E. A. Ehlers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 1 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
_____ 19____ to _____ 19____,that I last saw him alive on _____ 19____,
and that death occurred on the date stated above, at _____ W.

The CAUSE OF DEATH* was as follows:

Stillborn at Full
term
cause unknown
(Duration) _____ yrs. _____ mos. _____ ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

E. A. Ehlers M. D.1-5 1931 (Address) Reposit Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Reposit Cemetery Jan 2 1931

20. UNDERTAKER

ADDRESS

W. A. Boockvar Reposit Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Parma
City of Downey
No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

Registration District No. 83 State File No. _____

Prim. Registration District No. 9160 Local Registrar's No. 4

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Jan-20-1931</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 20%

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead. 0 Stillborn One

FULL NAME <u>Hermeth B. Nicholas</u>	FATHER	FULL MAIDEN NAME <u>Mabel Boyner</u>	MOTHER
--------------------------------------	--------	--------------------------------------	--------

Residence (Usual place of abode) Malad, Idaho

It non-resident, give place and State _____

Color or race White Age at last Birthday 21 (Years)

Birthplace Malad, Idaho (City and State or County)

Occupation _____

Residence (Usual place of abode) Malad, Idaho

It non-resident, give place and State _____

Color or race _____ Age at last Birthday 30 (Years)

Birthplace Downey, Idaho (City and State or County)

Occupation traffic wgt.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A. M.
on the date above stated.

(Signature) H. J. Hartwig, M.D.

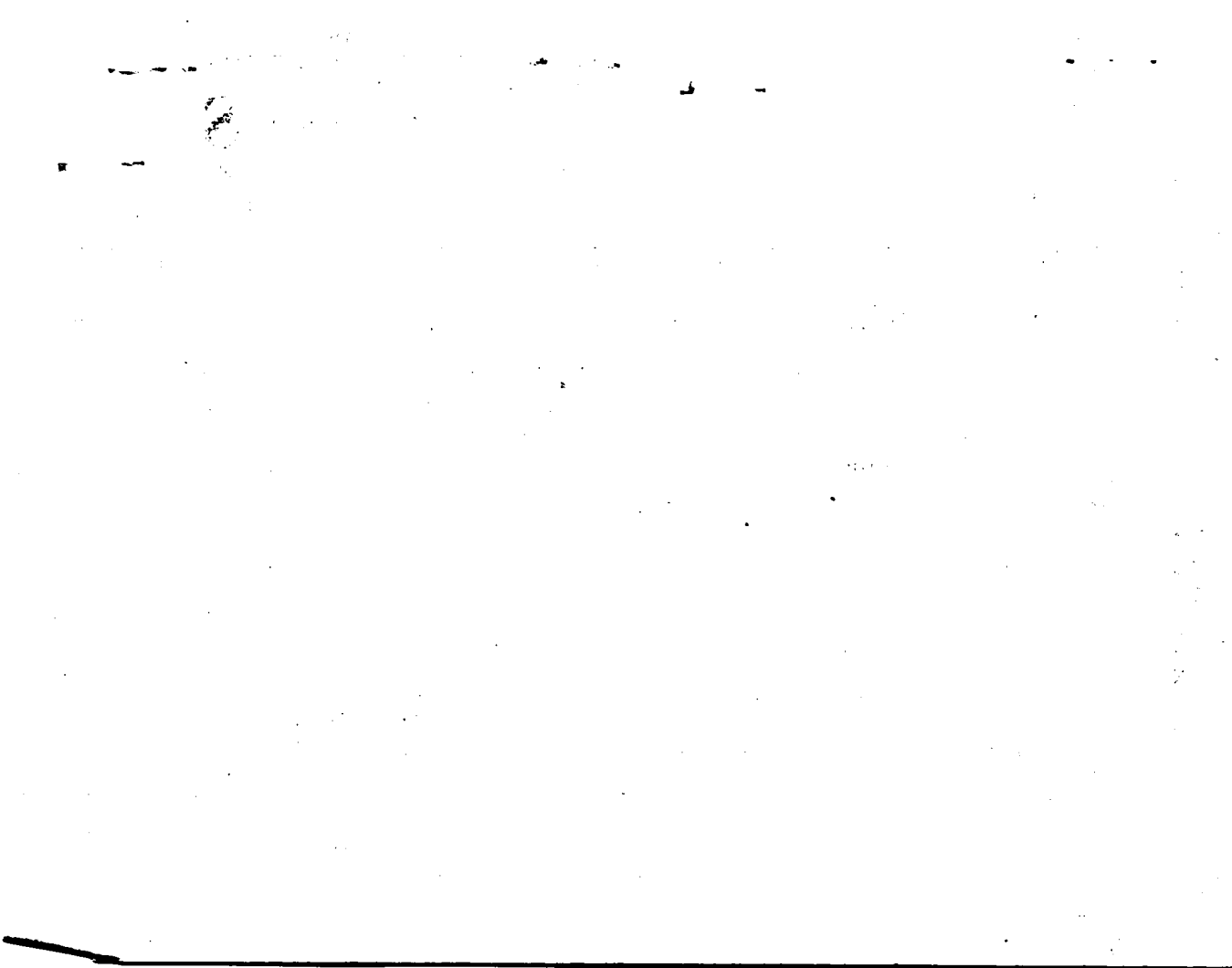
(Physician or midwife)

Address Downey, Idaho

Filed Feb 12-1931 Mary C. Coffin

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED FEB 14 1931

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. **73619**
Registered No. **4**

1. PLACE OF DEATH
County of **Bannock**
City of **Pocatello**

Registration District No. **2-3**
Primary Registration District No. **2160**
(No. St.)

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED
(Write the word.)

6. DATE OF BIRTH **Jan 20 1931**
(Month) (Day) (Year)

7. AGE **Stillbirth** IF LESS than 1 day how many hrs. or min. ?
Yrs. Mos. ds.

8. OCCUPATION
(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE **Pocatello, Idaho**
(State or Country)

10. NAME OF FATHER **Kenneth P. Nicholas**

11. BIRTHPLACE OF FATHER **Malad, Idaho**
(State or Country)

12. MAIDEN NAME OF MOTHER **Mabel Barnes**

13. BIRTHPLACE OF MOTHER **Downey, Idaho**
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Kenneth P. Nicholas**
(Address)

15. Filed **Feb 12 1931** **Mary C. Coffin**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Jan - 20 - 31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h. alive on 19.....
and that death occurred on the date stated above, at **8:30 AM**.

The CAUSE OF DEATH was as follows:
Still Birth Full Term

(Duration) Yrs. mos. ds.
Contributory (Secondary) **difficult labor, toxemia**

(Duration) Yrs. mos. ds.
(Signed) **H. J. Hartman** M. D.
(Address) **Downey, Idaho**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL **Malad, Idaho** DATE OF BURIAL **1-21-1931**

20. UNDERTAKER ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho.

No. 4 St.
St. Anthony's Hosp.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 28 State File No. 187775

Prim. Registration District No. 2161 Local Registrar's No. 20

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	<u>Female</u>	Twin Triplet or other?	<u>and</u>	Number in order of birth	Legitimate?	<u>yes</u>	Date of birth	<u>Jan. 11</u>	<u>1931</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)				

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% AGNO

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead Stillborn

FATHER FULL NAME <u>Larry S. Davis</u>	MOTHER FULL MAIDEN NAME <u>Leona Rouse</u>
---	---

Residence (Usual place of abode) Pocatello, Idaho.

If non-resident, give place and State Pocatello, Idaho.

Color or race white Age at last Birthday 35 (Years)

Birthplace San Antonio, Tex (City and State or County)

Occupation Salesman

Residence (Usual place of abode) Pocatello, Idaho

If non-resident, give place and State Pocatello, Idaho.

Color or race white Age at last Birthday 35 (Years)

Birthplace Goshen, Utah (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P.M. M.
on the date above stated.

(Signature) William F. Howard, M.D.

(Physician or midwife)

Address Pocatello, Idaho,

Filed 2-1 1931

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____
Local Notification District No. _____

1. Name of child
 2. Date of birth
 3. Sex
 4. Race
 5. Religion
 6. Education
 7. Occupation
 8. Address
 9. Telephone
 10. Social Security Number
 11. Date of last contact
 12. Date of next contact
 13. Date of last visit
 14. Date of next visit
 15. Date of last check
 16. Date of next check
 17. Date of last report
 18. Date of next report
 19. Date of last update
 20. Date of next update

1. NAME _____
 2. DATE _____
 3. TIME _____
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1. Organization
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I hereby certify that I attended the birth of this child, who was
born at _____ on the date above stated.

[illegible]

It was found that there was no attending physician or midwife, when the infant, born dead, was delivered. A coroner should make this return. A coroner should be one that neither practices nor has any interest in the practice of medicine or surgery.

PLACE OF BIRTH
 COUNTY OF
 CITY OF
 NO.
 STATE OF
 DATE OF BIRTH

[illegible]

1. General
 2. Specific
 3. Particular
 4. Detail
 5. Example
 6. Illustration
 7. Comparison
 8. Contrast
 9. Analogy
 10. Metaphor
 11. Simile
 12. Personification
 13. Hyperbole
 14. Oxymoron
 15. Irony
 16. Sarcasm
 17. Allegory
 18. Symbolism
 19. Imagery
 20. Onomatopoeia
 21. Personification
 22. Hyperbole
 23. Oxymoron
 24. Irony
 25. Sarcasm
 26. Allegory
 27. Symbolism
 28. Imagery
 29. Onomatopoeia
 30. Personification
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 234. Symbolism
 235. Imagery
 236. Onomatopoeia
 237. Personification
 238. Hyperbole
 239. O

I hereby certify that I attended the course above stated.

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
73722
State File No.

PLACE OF DEATH
County of Bannock
City of Pocatello

CERTIFICATE OF DEATH
Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 5
(No. St. Anthony's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Infant) Davis
(a) Residence. No. Pocatello, Idaho. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day and year) <u>January 11, 1931</u>				
7. AGE <u>Still-Born</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Infant</u> (c) Name of employer				

PARENTS	
9. BIRTHPLACE (city or town) (State or country)	<u>Pocatello, Idaho.</u>
10. NAME OF FATHER	<u>Larry S. Davis</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country)	<u>Texas</u>
12. MAIDEN NAME OF MOTHER	<u>Leona Rouse</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or County)	<u>Utah</u>

14. Informant Larry S. Davis
(Address) 304 N. 11th. Ave. Poca.

15. Filed 1/12/31. 19.....
Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH <u>January 11, 1931</u> (Month) (Day) (Year)	
17. I HEREBY CERTIFY, That I attended deceased from <u>Still-Born Jan 11, 1931</u> that I last saw h..... alive on....., 19..... and that death occurred, on the date stated above, at.....m. *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (The CAUSE OF DEATH was as follows: <u>Pro lapse (pressure) of cord</u> (duration)yrs.mos.ds. CONTRIBUTORY (Secondary) (duration)yrs.mos.ds. 18. Where was disease contracted if not at place of death? Did an operation precede death?..... Date of..... Was there an autopsy?..... What test confirmed diagnosis?..... (Signed) <u>William F. Howard</u> M. D. <u>1/12/31.</u> 19..... (Address) <u>Poca., Ida.</u> 19. Place of Burial, Cremation, or Removal <u>Mountain View Cemetery</u> <u>Pocatello, Idaho.</u> Date of Burial <u>1/12/31.</u> 19..... 20. Undertaker <u>Arthur W. Hall</u> Address <u>Pocatello</u>	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

251-105-003-231
PLACE OF BIRTH

County of Bannock
City of Postville Ida.
No. 526 E. Whitman St.
Postville, Ida.

RECEIVED FEB 7 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S187786**

(If born in hospital or institution give name.)

Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 9

FULL NAME OF CHILD Steele Keaton
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>-</u> and <u>-</u> Number in order of birth <u>-</u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan 5 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? -

Number of child of this mother, including present birth. 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 2

FATHER
FULL NAME James E. Keaton
Residence (Usual place of abode) 526 E. Whitman

MOTHER
FULL MAIDEN NAME Ruby Blalock
Residence (Usual place of abode) 526 E. Whitman

If non-resident, give place and State '
Color or race White Age at last Birthday 24 (Years)
Birthplace Kentucky
(City and State or County)
Occupation Barman Helper

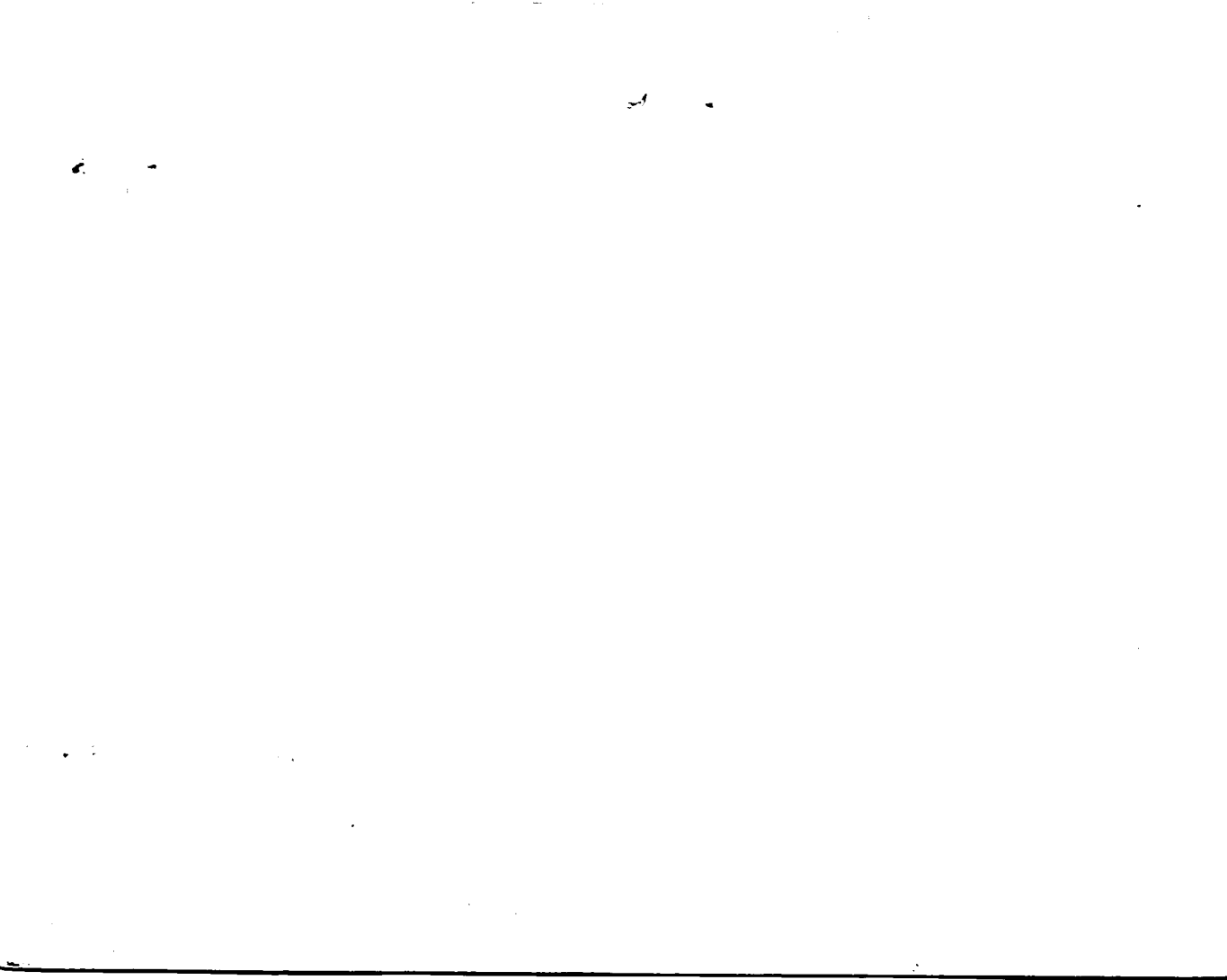
If non-resident, give place and State '
Color or race White Age at last Birthday 23 (Years)
Birthplace Postville, Ida.
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn ^{Dead-Alive} at 7 P. M.
on the date above stated.
(Signature) D. C. Ray

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Postville, Ida.
Filed 2-1 1931
D. C. Ray
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1931
DO NOT WRITE IN THIS SPACE
State File No. 73723

PLACE OF DEATH
County of Bannock
City of Pocatello
Registration District No. 28
Primary Registration District No. 2161
(No. Pocatello General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)
Local Registrar's No. 2

2. FULL NAME James D. Keaton
(a) Residence. No. Pocatello, Idaho. St. _____
(Usual place of abode.)
(If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) Jan. 5, 1931.
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still-Born
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer _____

9. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho.

PARENTS
10. NAME OF FATHER James E. Keaton
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Kentucky
12. MAIDEN NAME OF MOTHER Ruby N. Blalock
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Pocatello, Idaho.

14. Informant James E. Keaton
(Address) 228 North Fifth Ave. Poca., Ida.

15. Filed 1/6/31. 19____
Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH 266
16. DATE OF DEATH January 5, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 1-5 1931 to 1-5 1931
that I last saw h. _____ alive on _____, 19____
and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:
Stillbirth - mother Uremic.

CONTRIBUTORY (Secondary) _____
(duration) _____yrs. _____mos. _____ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) D. C. Ray M. D.
1/6/31 (Address) Poca., Ida.

19. Place of Burial, Cremation, or Removal Mountain View Cemetery
Pocatello, Idaho. Date of Burial 1/6/31.

20. Undertaker Arthur W. Hall Address Poca., Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Banner
City of Priest River
No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 187881

Registration District No. 25 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 2185 Local Registrar's No. 3

FULL NAME OF CHILD Dorothy Jean McFall (Stillborn)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 25 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None - baby stillborn

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead None

Stillborn 1

FATHER
FULL NAME John McFall
Residence (Usual place of abode) Priest River
If nonresident, give place and State _____
Color or race White Age at last Birthday 24
(Years)
Birthplace Twin Falls Idaho
(City and State or Country)
Occupation Truck Driver

MOTHER
FULL MAIDEN NAME Anita Larson
Residence (Usual place of abode) Priest River
If nonresident, give place and State _____
Color or race White Age at last Birthday 19
(Years)
Birthplace Big Fork Minn.
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 2 30 A. M.
on the date above stated. { Stillborn }

(Signature) Harold C. Loney M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Priest River Idaho
Filed Jan 27 1931 R. E. Wessa
Registrar.



2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1616 RECEIVED FEB 5 1931

DO NOT WRITE IN THIS SPACE

State File No. 73854

PLACE OF DEATH

County of Banner

Registration District No. 85

City of Priest River

Primary Registration District No. 2185

Local Registrar's No. 1

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dorothy Jean McFall

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day and year) Jan. 25, 1931

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min. Stillborn

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Priest River
(State or country) Idaho

10 NAME OF FATHER John McFall

11 BIRTHPLACE OF FATHER (city or town) Twin Falls
(State or country) Idaho

12 MAIDEN NAME OF MOTHER Anita Larson

13 BIRTHPLACE OF MOTHER (city or town) Big Fork
(State or country) Minn.

14 Informant John McFall
(Address) Priest River, Idaho.

15 Filed Jan 25, 1931 R. E. Wessa
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 25 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1931, to Jan. 25, 1931, that I last saw her alive on dead on Jan. 25, 1931, and that death occurred, on the date stated above, at 2:04 m. The CAUSE OF DEATH* was as follows:
Birth Injuries

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Rapid Labor of Mother
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted
If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Findings
(Signed) Harold C. Soucy, M. D.
Jan. 25, 1931 (Address) Priest River, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal S. O. O. F. Cemetery Date of Burial Jan. 25 1931
20. Undertaker Moore Mortuary Address Priest River

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WITH UNFADING INK—THIS IS A PERMANENT RECORD
—in case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner
City of Sandpoint
No. St.

(If born in hospital or institution
give name.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 187887

Registration District No. 78 State File No.Prim. Registration District No. 2155 Local Registrar's No. 21

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u> { Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>Jan 25</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4th (a) Born alive and now living Two
Born alive but now dead One Stillborn One

FATHER

FULL NAME Martin James Nelson
Residence (Usual place of abode) Sandpoint
If nonresident, give place and State _____
Color or race white Age at last Birthday 40 (Years)
Birthplace New York
(City and State or Country)
Occupation grocery clerk

MOTHER

FULL MAIDEN NAME Corrine Larson
Residence (Usual place of abode) Sandpoint
If nonresident, give place and State _____
Color or race white Age at last Birthday 35 (Years)
Birthplace Albert Lea Minn.
(City and State or Country)
Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

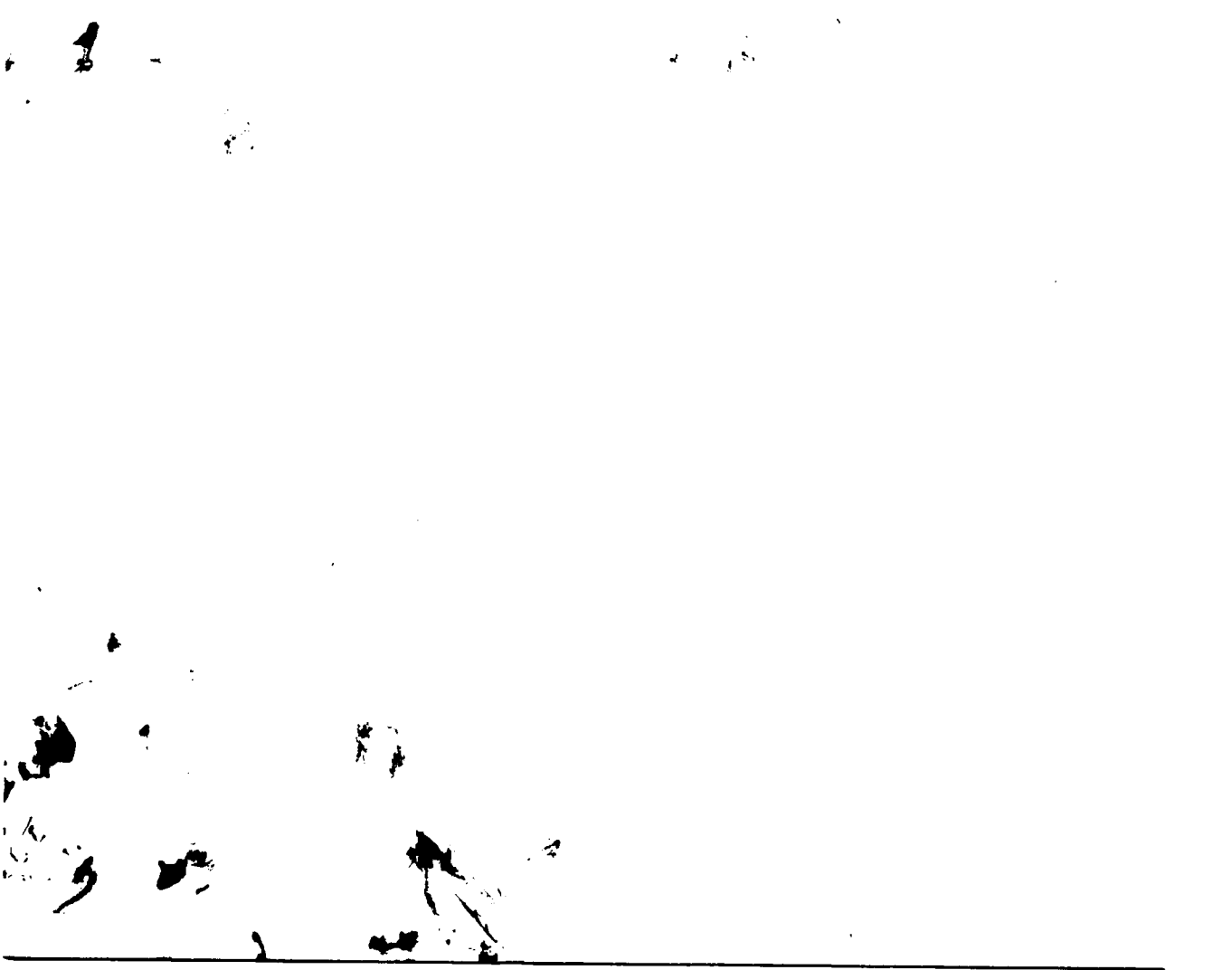
I hereby certify that I attended the birth of this child, who was Stillborn 9:00 A.M.
on the date above stated.

(Signature) H. D. Evans

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Sandpoint, IdahoFiled Feb 5 1931 Viola AllersDeputy Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 9 1931
DO NOT WRITE IN THIS SPACE
73865
State File No.
Local Registrar's No. 12

PLACE OF DEATH
County of Bonner
City of Sandpoint

Registration District No. 78
Primary Registration District No. 2155

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Nelson

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 25, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Sandpoint Idaho
(State or country)

10. NAME OF FATHER Martin Nelson

11. BIRTHPLACE OF FATHER (city or town) N. Y.
(State or Country)

12. MAIDEN NAME OF MOTHER Correen Larson

13. BIRTHPLACE OF MOTHER (city or town) Minn.
(State or Country)

14. Informant Martin Nelson
(Address) Sandpoint Idaho

15. Filed Jan. 26, 1931
Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

that I last saw him alive on, 19.....
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Probable of Cord in 7th month of utero-gestation
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary), (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) V. B. Evans M. D.

1-26, 1931 (Address) Sandpoint, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Pinecrest Cemetery Jan. 26, 1931

20. Undertaker Address

L. S. Moon Sandpoint, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

547-10-010-445

PLACE OF BIRTH

County of Blaineville
City of Idaho Falls, Ida

No. Idaho Hospital St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Stillbirth Baby Empey
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u> </u> (To be answered only in event of plural births)	and	Number in order of birth <u> </u>	Legiti- mate? <u>yes</u>	Date of birth <u>1-1-1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 0

Number of child of this mother, including present birth 0/1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FULL NAME <u>Arin Empey</u>	FATHER	FULL MAIDEN NAME <u>Vera May Muncy</u>	MOTHER
--------------------------------	--------	--	--------

Residence (Usual place of abode) Common 2da

If non-resident, give place and State

Color or race W Age at last Birthday 29 (Years)

Birthplace Common 3da (City and State or County)

Occupation Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:25 P.M.
on the date above stated. Stillborn

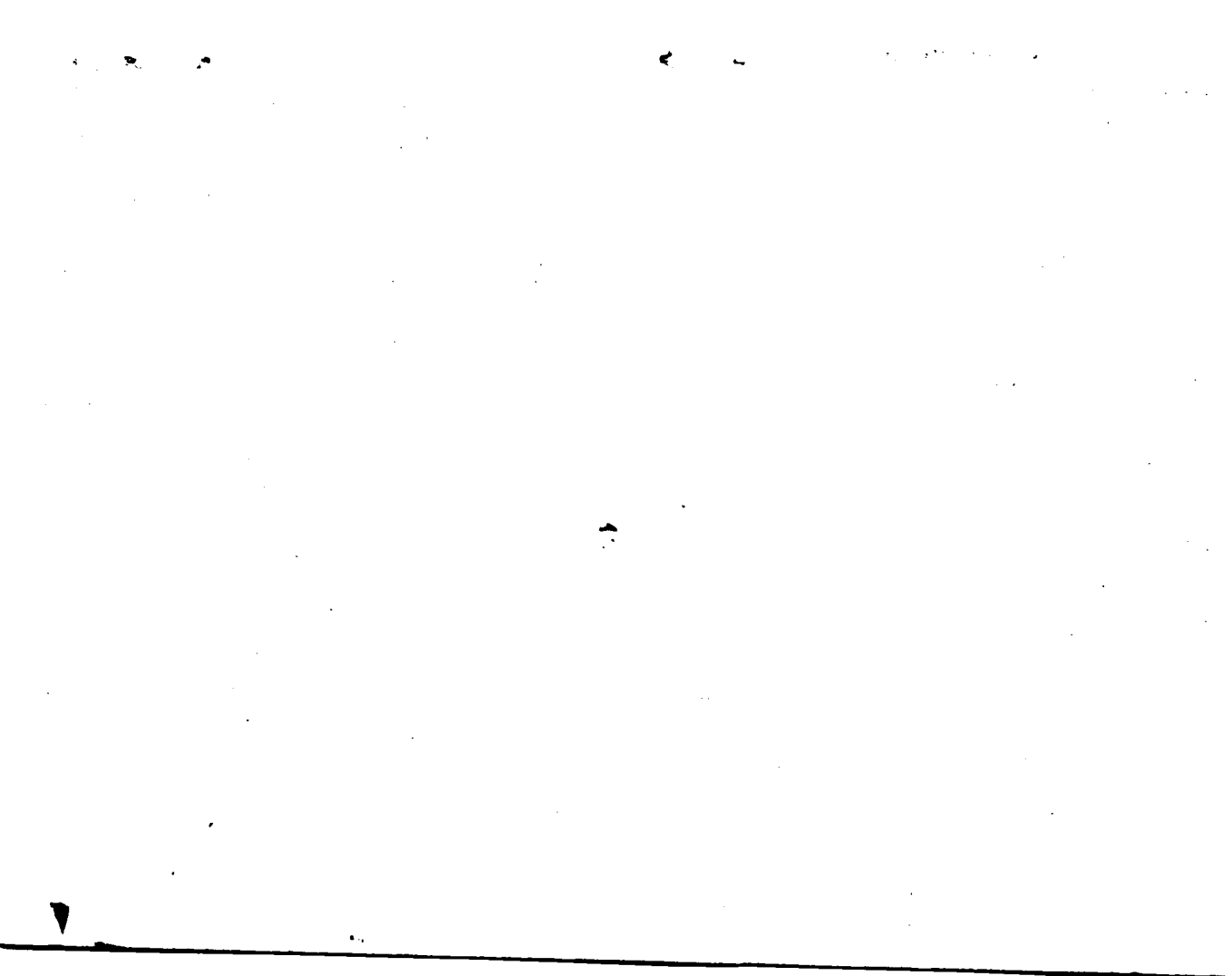
(Signature) H. L. Wilson

(Physician or midwife)

Address Idaho Falls, Ida

Filed 1/1 19 31 Utah

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED JAN 15 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **73624**

PLACE OF DEATH

County Bonneville
City of Idaho Falls

Registration District No. 22
Primary Registration District No. 2157

Local Registrar's No. 1

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth -

(a) Residence. No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>-</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) <u>Jan. 1, 1931</u>		
7. AGE <u>Still birth</u>	Years <u>-</u>	Months <u>-</u>
Days <u>-</u>		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

PARENTS

10. NAME OF FATHER <u>Oren Empey</u>
11. BIRTHPLACE OF FATHER (city or town) (State or Country) <u>Idaho Falls, Idaho</u>
12. MAIDEN NAME OF MOTHER <u>Vera May Munsey</u>
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Utah</u>

14. Informant Oren Empey
(Address) R 71 D H B

15. Jan 2, 1931
W. J. D. H. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan 1, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1931, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Abortion 5 1/2 months
fetus -
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) Harry L. Wellson, M. D.
Jan. 2, 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>Cremation</u>	Date of Burial <u>Jan 2</u> , 19 <u>31</u>
20. Undertaker <u>none</u>	Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Idaho FallsNo. 208 St. Hospital
(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 73 State File No. S 29Prim. Registration District No. 2110 Local Registrar's No. 187927

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u></u>	and	Number in order of birth <u></u>	Legitimate? <u>yes</u>	Date of birth <u>Jan. 22 -</u> <u>1931</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? noneNumber of child of this mother, including present birth. IV (a). Born alive and now living. IIIBorn alive but now dead. 0 Stillborn I

FULL NAME <u>John Staley</u>	FATHER	FULL MAIDEN NAME <u>Ellen Edwards</u>	MOTHER
------------------------------	--------	---------------------------------------	--------

Residence (Usual place of abode). West 17th & Center Idaho FallsIf non-resident, give place and State IdahoColor or race White Age at last Birthday 30 (Years)Birthplace Denmark (City and State or County)Occupation Electrician

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

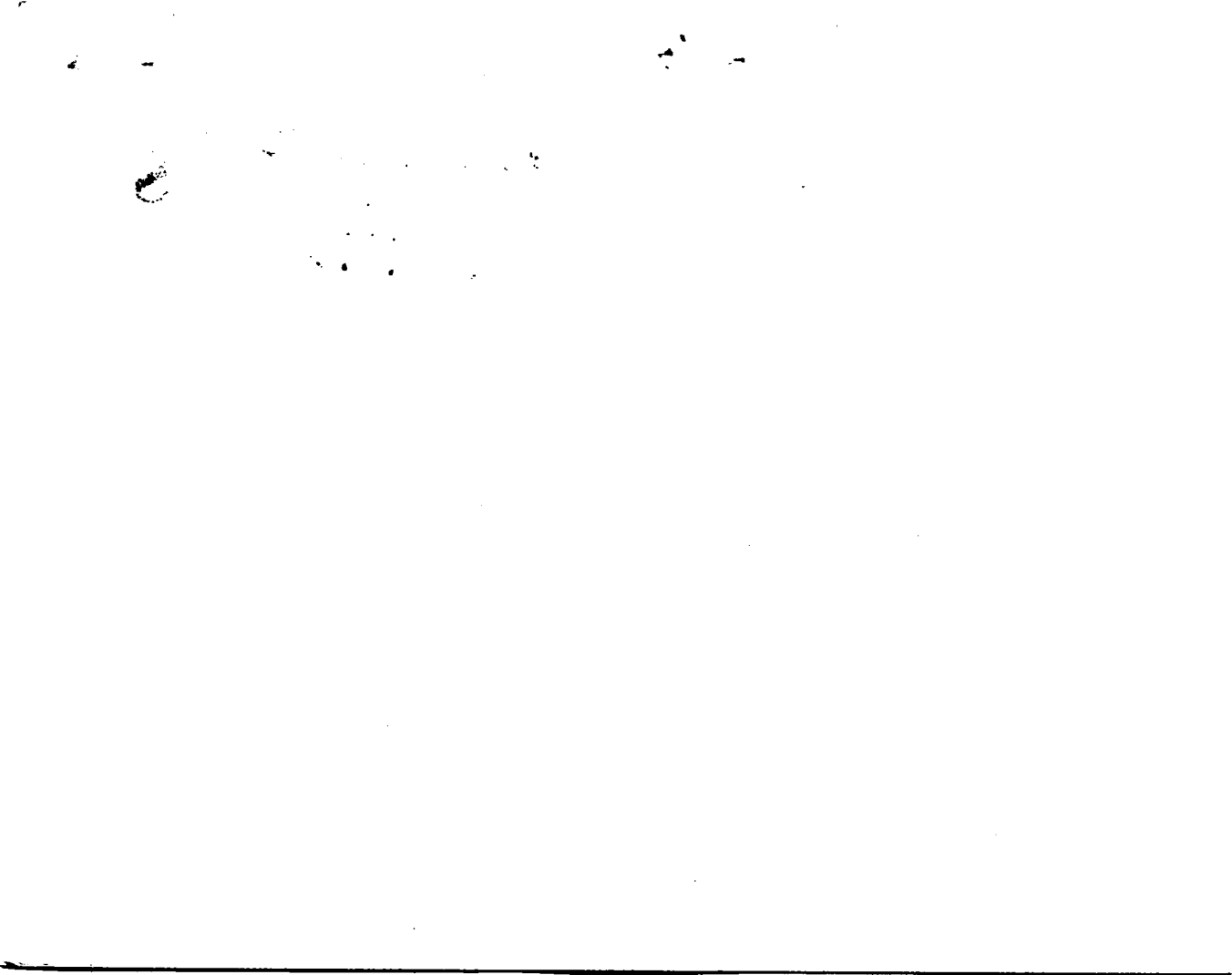
I hereby certify that I attended the birth of this child, who was Stillborn at 1:45 P.M.
on the date above stated.(Signature) [Signature]

(Physician or midwife)

Address Idaho Falls IdahoFiled 1/26 1931 [Signature]

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED FEB 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

73623

PLACE OF DEATH

County of BonnerCity of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 23Primary Registration District No. 23(No. 1270)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 20

2. FULL NAME

(a) Residence No. 117 Curtis

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day,
fortus 5 months hrs. or
min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER John Staley11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho Falls12. MAIDEN NAME OF MOTHER Ellen Edwards13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho Falls14. Informant (Address) Mrs. Ellen Staley15. Filed Jan 26, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 22, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 22, 1931, to Jan 22, 1931
that I last saw him live on before Jan 22, 1931
and that death occurred, on the date stated above, at 1:45 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Murder
5 months

(duration) yrs. mos. ds.
CONTRIBUTORY loss of Amnestic fluid
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) [Signature] M. D.
1/22, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Cremation1/22 1931

20. Undertaker

Address

none

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho

No. _____ St. _____

H.O.S. Hospital
(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

187929

Registration District No. 3 State File No. _____

Prim. Registration District No. 21470 Local Registrar's No. 31

Stillbirth

Sex of Child <u>3</u>	Twin Triplet or other? (To be answered only in event of plural births)	1 } and { Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of birth (Month) (Day) (Year)
				<u>1-24 1931</u>

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother including present birth. IV (a) Born alive and now living. III

Born alive but now dead. none Stillborn 1

FATHER FULL NAME <u>Ired Markin</u>	MOTHER FULL MAIDEN NAME <u>Arvilla Eaton</u>
---	--

Residence (Usual place of abode) Shelley, Idaho

If non-resident, give place and State _____

Color or race W Age at last Birthday 24 (Years)

Birthplace Idaho Falls, Idaho (City and State or County)

Occupation Mechanic

If non-resident, give place and State _____

Color or race W Age at last Birthday 22 (Years)

Birthplace Vernal, Utah (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:50 P. M.
on the date above stated.

(Signature) _____

(Physician or midwife)

Address Idaho Falls, Idaho

Filed 1-26 1931 Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

DEC 18 1979

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 16 1931
DO NOT WRITE IN THIS SPACE
73627
State File No. _____

PLACE OF DEATH

County of Bonneville
City of Idaho Falls, Idaho

CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. 2100
(No. _____)

Local Registrar's No. 21

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still birth

(a) Residence. No. L.D.S. Hospital St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single. Married. Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1-24-31

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country) L.D.S. Hospital

PARENTS

10. NAME OF FATHER Fred Martin

11. BIRTHPLACE OF FATHER (city or town) Idaho Falls, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Arvelly Eaton

13. BIRTHPLACE OF MOTHER (city or town) Yernal, Utah
(State or County)

14. Informant (Address) J. H. West, Idaho Falls

15. Filed 1/26, 1931 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931 to Jan 24, 1931
that I last saw her alive on Jan 24, 1931
and that death occurred, on the date stated above, at 7 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Auto accident to
to mother causing
premature death in
utero 6 months 7 days
(duration) (yrs.) (mos.) (ds.)

CONTRIBUTORY (Secondary)
(duration) (yrs.) (mos.) (ds.)

18. Where was disease contracted if not at place of death?
Did an operation precede death? no-fracture of hip
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) [Signature], M. D.
1/25, 1931 (address) Idaho Falls

19. Place of Burial, Cremation, or Removal Cremation Hospital Date of Burial 1/25 1931

20. Undertaker None Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer
City of Challis
No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

Registration District No. 108 State File No. _____

Prim. Registration District No. 2186 Local Registrar's No. 212

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Jan 26</u> 19 <u>31</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 9 (a) Born alive and now living 6

Born alive but now dead 2 Stillborn 1

FATHER FULL NAME <u>William M. Baker</u>	MOTHER FULL MAIDEN NAME <u>Hattie May Shanger</u>
---	--

Residence (Usual place of abode) Clayton, Idaho Clayton, Idaho

If non-resident, give place and State _____

Color or race White Age at last Birthday 58 White Age at last Birthday 39
(Years) (Years)

Birthplace Emmett, Idaho Winthrop, Wash.
(City and State or County) (City and State or County)

Occupation Ranching Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6 9 M.
on the date above stated.

(Signature) C. L. Hurley

(Physician or midwife)

Address Challis, Idaho

Filed Jan 26 1931 Edna M. Kennedy
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2-1-1

2-1-1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Custer
City of Challis

Registration District No. 108
Primary Registration District No. 2186
(No.)

Local Registrar's No. 114

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)

(If nonresident give city or town and State.)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan 26 1931

7. AGE Years Months Days If LESS than 1 day.
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Challis
(State or country) Idaho

10. NAME OF FATHER William M. Baker

11. BIRTHPLACE OF FATHER (city or town) Emmett
(State or Country) Ada County Idaho

12. MAIDEN NAME OF MOTHER Hattie Mae Shaffer

13. BIRTHPLACE OF MOTHER (city or town) Wentworth
(State or County) Washington

14. Informant (Address) Wm. M. Baker

15. Filled Jan 27, 1931. Elean M. Kennedy
Registrar.

RECEIVED FEB 4 1931

DO NOT WRITE IN THIS SPACE

73665

State File No.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 26, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Do not know

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) E. S. Hurlley M. D.
Feb 12, 1931 (Address) Challis, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Challis, Idaho Jan 26 1931

20. Undertaker

Address

Friends Challis, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding
City of Gooding
No. 51

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
RECORDED FEB - 9 1931
S188078

Registration District No. 24 State File No. 519
(If born in hospital or institution give name.) Prim. Registration District No. 519 Local Registrar's No. 519
FULL NAME OF CHILD STILL-BORN - MULL
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>MALE</u>	Twin Triplet or other? <u> </u>	and {	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>1-20</u> <u>1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth... 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Raymond E. Mull</u>	MOTHER FULL MAIDEN NAME <u>Bula Johnson</u>
--	--

Residence (Usual place of abode) Gooding Ida

If non-resident, give place and State

Color or race white Age at last Birthday 24 (Years)
Color or race white Age at last Birthday 21 (Years)

Birthplace Kansas (City and State or County)
Birthplace Nebr (City and State or County)

Occupation Farmer laborer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 10 P. M. on the date above stated.

(Signature) J. H. Cornwall M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Gooding, Ida

Filed 1-31-1931 J. H. Cornwall

Registrar.

I have been advised that a child was born at the residence of the mother, who is now in the hospital, and that the child is now in the hospital. I have been advised that the child is now in the hospital.

STATE OF OHIO
 DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
 Local Registrar's No. _____

Child's Name at Birth _____
 Sex of Child _____
 Date of Birth _____
 Time of Birth _____
 Place of Birth _____

Name of Mother _____
 Name of Father _____
 Name of Grandfather _____
 Name of Grandmother _____

Name of Child _____
 Name of Child _____
 Name of Child _____
 Name of Child _____

Name of Child _____
 Name of Child _____
 Name of Child _____
 Name of Child _____

Name of Child _____
 Name of Child _____
 Name of Child _____
 Name of Child _____

Name of Child _____
 Name of Child _____
 Name of Child _____
 Name of Child _____

Name of Child _____
 Name of Child _____
 Name of Child _____
 Name of Child _____

Name of Child _____
 Name of Child _____
 Name of Child _____
 Name of Child _____

I have been advised that a child was born at the residence of the mother, who is now in the hospital, and that the child is now in the hospital. I have been advised that the child is now in the hospital.

1. PLACE OF DEATH

County of GoodingCity of Gooding

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 24

Primary Registration District No. _____

(No. _____ St.)

File No. 73739Registered No. 148

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME Stillborn Mull

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single6. DATE OF BIRTH Jan 20 1931
(Month) (Day) (Year)7. AGE Stillborn IF LESS than 1 day
Yrs. Mos. ds. how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. None
(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Gooding Ida10. NAME OF FATHER Raymond Mull

11. BIRTHPLACE OF FATHER

(State or Country) Kansas12. MAIDEN NAME OF MOTHER Bula Johnson

13. BIRTHPLACE OF MOTHER

(State or Country) Nebr

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Raymond Mull(Address) Gooding Ida15. Filled 1/21 1931 J.H. Cromwell
Local RegistrarMEDICAL CERTIFICATE OF DEATH 20616. DATE OF DEATH Jan 20 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 1-20-31 1931 to 1-20-31 1931
that I last saw him alive on Stillborn 1931
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:
Stillborn - gestation 8 mths
maternal toxemia

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J.H. Cromwell M. D.(Address) Gooding Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Gooding Ida DATE OF BURIAL Jan 21 19 3120. UNDERTAKER A.E. Thompson ADDRESS Gooding Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

294-1071-027-294
PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St. _____

St. Valentine Hospital
(If born in hospital or institution
give name.)

Registration District No. 18 State File No. 188146

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 7</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living

Born alive but now dead _____ Stillborn One to Toxic Nephritis

FATHER FULL NAME <u>Ross W. Sumner</u>	MOTHER FULL MAIDEN NAME <u>Lela Eleanor Sides</u>
---	--

Residence (Usual place of abode) Jerome Idaho

Is non-resident, give place and State _____

Color or race white Age at last Birthday 25 (Years)

Birthplace Idaho (City and State or County)

Occupation Farming

Is non-resident, give place and State _____

Color or race white Age at last Birthday 32 (Years)

Birthplace Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 A. M.
on the date above stated.

(Signature) Chas F. Zeller

(Physician or midwife)

Address Jerome Idaho

Filed 1/7 1931 Chas F. Zeller

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN
PARENTS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 73264

PLACE OF DEATH

County of JeromeCity of Jerome

CERTIFICATE OF DEATH

Registration District No. 18

Primary Registration District No. _____

(No. _____)

Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Simerly

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED JAN 9 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Infant</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Jan 7 / 31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	—	—

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work _____(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Jerome
(State or country) Idaho10. NAME OF FATHER Ross W Simerly11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Lela Eleanor Sides13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant Ross W Simerly
(Address) Jerome Idaho15. Filed 1/7, 1930 Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 7, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Jan 7, 1931, to Jan 7, 1931
that I last saw him alive on _____, 19_____
and that death occurred, on the date stated above, at 7 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Still Born Infant
Due to Toxic Nephritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. F. Zeller M. D.
1/7, 1931 (Address) Jerome Idaho

19. Place of Burial, Cremation, or Removal _____ Date of Burial _____

20. Undertaker _____ Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

736 PLACE OF BIRTH 1/2 239-312

County of Power

City of Ann. Falls, Idaho

No. St.

Bethany
(If born in hospital or institution
give name.)

Registration District No. 25 State File No.

Prim. Registration District No. 2072 Local Registrar's No. 3

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate <u>yes</u>	Date of birth <u>Jan. 12</u> 19 <u>31</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? A. g. No. 2

Number of child of this mother, including present birth 1 (a) Born alive and now living 2

Born alive but now dead Stillborn 0

FATHER FULL NAME <u>Fred. H. Garfield</u>	MOTHER FULL MAIDEN NAME <u>Noomi Lasley</u>
--	--

Residence (Usual place of abode) Ann. Falls, Idaho Residence (Usual place of abode) Ann. Falls, Idaho

If non-resident, give place and State If non-resident, give place and State

Color or race white Age at last Birthday 32 (Years) Color or race white Age at last Birthday 32 (Years)

Birthplace Idaho (City and State or County) Birthplace Idaho (City and State or County)

Occupation Farmer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive stillborn at 1:30 p. M.
on the date above stated.

(Signature) Dr. V. E. Rogan

(Physician or midwife)

Address

Filed 2-3 1931 Genuine Not

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

THE STATE OF NEW YORK
COUNTY OF []
IN SENATE,
January 1, 1906.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1905.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1905.

ALBANY:
J. B. LEECH, JR.,
PRINTERS.

ALBANY: J. B. LEECH, JR.,
PRINTERS.

REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1905.

(Physician or midwife)

Address

Filed

Registrar

STATE IOWA, WITH UNFAULING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED FEB 5 1931
DO NOT WRITE IN THIS SPACE
73832
State File No. _____
Local Registrar's No. _____

PLACE OF DEATH

County of Power Registration District No. 25
City of American Falls, Idaho Primary Registration District No. 2572

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Not named

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) _____

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day and year) January 12, 1931
7 AGE Years _____ Months _____ Days _____
Stillborn 1 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) American Falls, Idaho
(State or country)

10 NAME OF FATHER Fred H. Glosfield

11 BIRTHPLACE OF FATHER (city or town) Kansas
(State or country)

12 MAIDEN NAME OF MOTHER Naomi Laslie

13 BIRTHPLACE OF MOTHER (city or town) Idaho
(State or country)

14 Informant Fred W Glosfield
(Address) American Falls

15 Filled 1-4, 1931 Genevieve No. 15
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 12 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 12 1931, to January 12 1931, that I last saw _____ alive on Stillborn and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Stillborn

CONTRIBUTORY (Secondary)

18 Where was disease contracted, if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? _____
(Signed) V. J. Frye, M. D.
Feb. 3, 1931 (Address) American Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal 2007 Crm. Am. Falls Date of Burial 19
20. Undertaker _____ Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications," as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause; Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF INDIANA	
County of <u>Lucas</u>	DEPARTMENT OF PUBLIC WELFARE		
City of <u>Buhl</u>	BUREAU OF VITAL STATISTICS		
No. <u>972</u>	CERTIFICATE OF BIRTH		
Registration District No. <u>39</u>		State File No. <u>188363</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2087</u> Local Registrar's No. _____	
FULL NAME OF CHILD <u>Stillbirth</u> (If stillborn, substitute the word "Stillbirth" for name of child)			
Sex of Child <u>7</u>	Twin <u>Twins</u> and { <u>II</u> in order of birth (To be answered only in event of plural births)	Legitimate? <u>Yes</u>	Date of birth <u>Jan 2</u> 19 <u>31</u> (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
Number of child of this mother, including present birth _____		(a) Born alive and now living <u>1</u>	
Born alive but now dead _____		Stillborn <u>1</u>	
FATHER FULL NAME <u>Paul Albert Cunningham</u>	MOTHER FULL MAIDEN NAME <u>Beryl Love</u>		
Residence (Usual place of abode) <u>Buhl, Ida</u>	Residence (Usual place of abode) <u>Buhl, Ida</u>		
If nonresident, give place and State _____	If nonresident, give place and State _____		
Color or race <u>Wht</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>Wht</u> Age at last Birthday <u>20</u> (Years)		
Birthplace <u>Creston Iowa</u> (City and State or Country)	Birthplace <u>Fort Hall, Ida</u> (City and State or Country)		
Occupation <u>Cook</u>	Occupation <u>Housewife</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5</u> <u>40</u> P. M. on the date above stated.			
(Signature) <u>Dr. J. A. Morrison</u> (Physician or midwife)			
Address <u>Buhl, Ida</u>			
Filed <u>1-31</u> 19 <u>31</u> <u>J. H. Murphy</u> Registrar.			

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 752-2nd Ave East

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 888387

Registration District No. 37 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 1085 Local Registrar's No. 14

FULL NAME OF CHILD

Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u>1</u> and <u>1</u>	Number in order of birth <u>1</u>	Legiti- mate? <u>ye</u>	Date of birth <u>Jan 10</u> 19 <u>31</u> (Month) (Day) (Year)
----------------------------	--	---	----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? no

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>John Thomas Moyer</u>	MOTHER FULL MAIDEN NAME <u>Rebecca Hendrix</u>
--	---

Residence (Usual place of abode) Buhl Idaho T+53

It non-resident, give place and State ✓

Color or race white Age at last Birthday 24 (Years)

Birthplace Marble Ark. (City and State or County)

Occupation farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

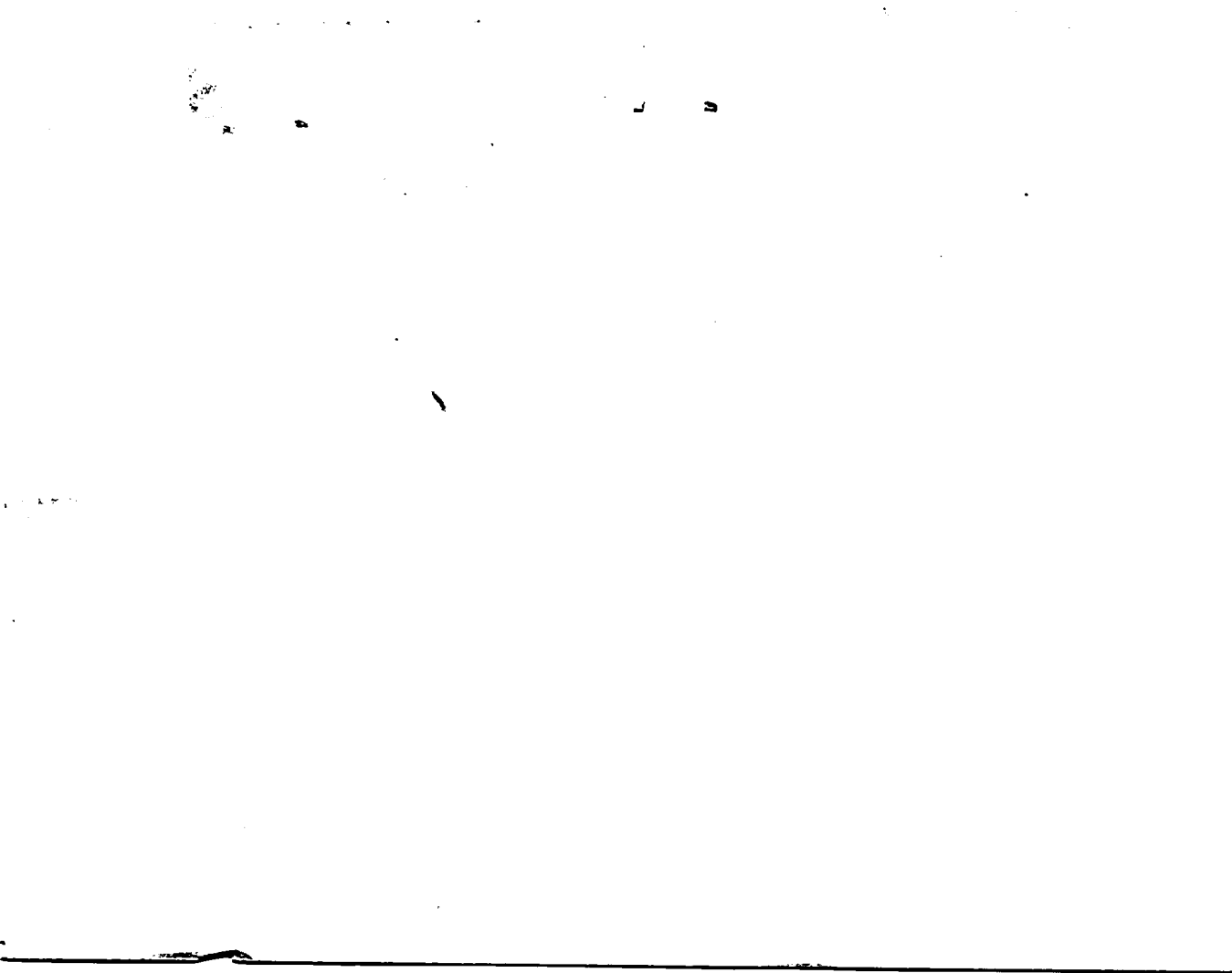
I hereby certify that I attended the birth of this child, who was Born alive Stillborn ✓ at 6 P M.
on the date above stated.

(Signature) H. G. Louche K M.D.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address Twin Falls, Idaho

Filed Feb. 7, 1931 Elizabeth J. Smith
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED 153 10 1931
DO NOT WRITE IN THIS SPACE
73763
State File No.
Local Registrar's No. 10

PLACE OF DEATH
County *Blaine Falls*
City of *Blaine Falls*

Registration District No. *37*
Primary Registration District No. *1085*

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Baby Moyer*

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. Single Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *Jan 10 / 1931*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) *Idaho*

10. NAME OF FATHER *J. Moyer*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Idaho*

12. MAIDEN NAME OF MOTHER *Ruthy Penduck*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Idaho*

14. Informant *J. Moyer*
(Address) *Blaine Falls, Ida R.H.*

15. Filed *Jan-13th, 1931* *Elizabeth J. Smith*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Jan 10 1931*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan 10, 1931* to *Jan 10, 1931*, that I last saw him alive on *Stillbirth*, 19... and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH* was as follows:

Stillbirth 7 mos. frequency
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of...

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Harold Landis* M.D.
Jan 10, 1931 (Address) *Blaine Falls, Idaho*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Blaine Falls, Ida 19 *31*

20. Undertaker Address

J. Moyer

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada
City of Baise

No. St Alphonsus St.

(If born in Hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 2 State File No. 188621

Prim. Registration District No. 1.004 Local Registrar's No. 68

Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>1-16-1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate Sol

Number of child of this mother, including present birth 2 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 2

FATHER FULL NAME <u>Albino Sabala</u>	MOTHER FULL MAIDEN NAME <u>Pilar Navaran</u>
--	---

Residence (Usual place of abode) 303 Bannock St - Boise

If non-resident, give place and State

Color or race White Age at last Birthday 41
(Years)

Birthplace Spain
(City and State or County)

Occupation Shepherd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7:45 A.M.
on the date above stated.

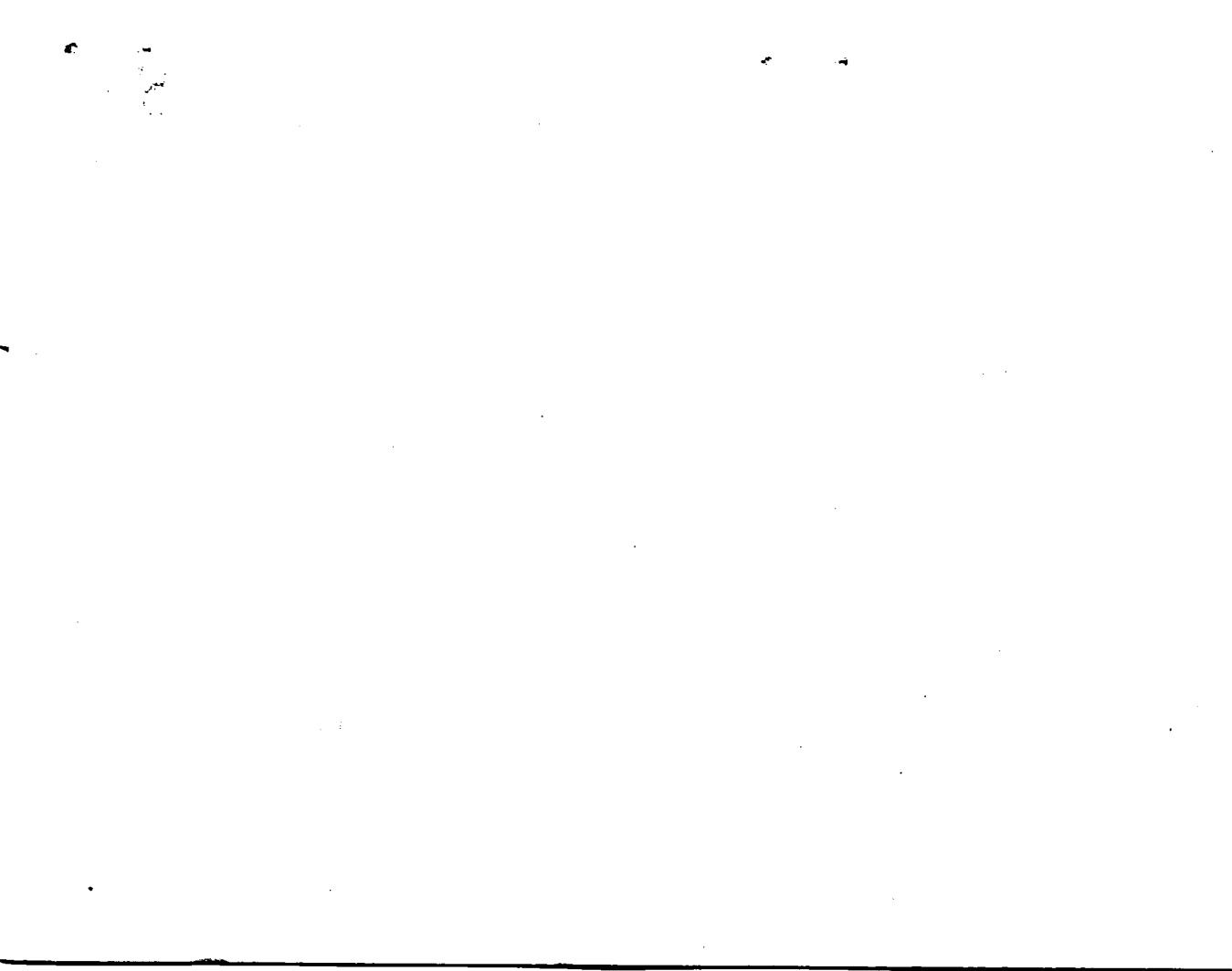
(Signature) T. N. Brantley, M.D.
Physician
(Physician or midwife)

Address Boise Idaho

Filed 2-6-31 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 10 1931
DO NOT WRITE IN THIS SPACE
73751
State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)Local Registrar's No. 23

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Sabala

(a) Residence. No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Jan. 16-1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Ida.
(State or country)10. NAME OF FATHER Albina Sabala11. BIRTHPLACE OF FATHER (city or town) Spain
(State or Country)12. MAIDEN NAME OF MOTHER Pilar Navarero13. BIRTHPLACE OF MOTHER (city or town) Spain
(State or Country)14. Informant Mrs. A. Navarero
(Address)15. Filed 1-16 1931 W. H. R. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1931, to Jan 16 1931
that Still Born and that death occurred, on the date Before birth m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Hyperertion of Mother and
Premature loosening of
Placenta

(duration) yrs. mos. Quies.
CONTRIBUTORY Immaturity
(Secondary)

(duration) yrs. mos. Quies.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? None

(Signed) J. H. Brighton, M. D.
Jan 16 1931 (Address) Boise

19. Place of Burial, Cremation, or Removal St. John Cemetery Date of Burial 11/17 1931

20. Undertaker Schubert & W. Cam Address Boise, Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Buhl
No. _____ St. _____

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S188655

Registration District No. 34 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 2087 Local Registrar's No. _____

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Feb. 27</u> (Month) (Day) (Year) <u>1931</u>
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What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Carl Wentworth Beams</u>	FULL MAIDEN NAME <u>Marjorie Rose Thurman</u>

Residence (Usual place of abode) <u>Buhl, Ida.</u>	Residence (Usual place of abode) <u>Buhl, Ida.</u>
--	--

If nonresident, give place and State

Color or race <u>White</u>	Age at last Birthday <u>30</u> (Years)	Color or race <u>White</u>	Age at last Birthday <u>27</u> (Years)
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Birthplace <u>New York City, N.Y.</u> (City and State or Country)	Birthplace <u>Melvine, Tennessee</u> (City and State or Country)
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Occupation <u>Day Laborer</u>	Occupation <u>Housewife</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 10:30 P. M.
on the date above stated.

(Signature) Geo. Jennings, MD

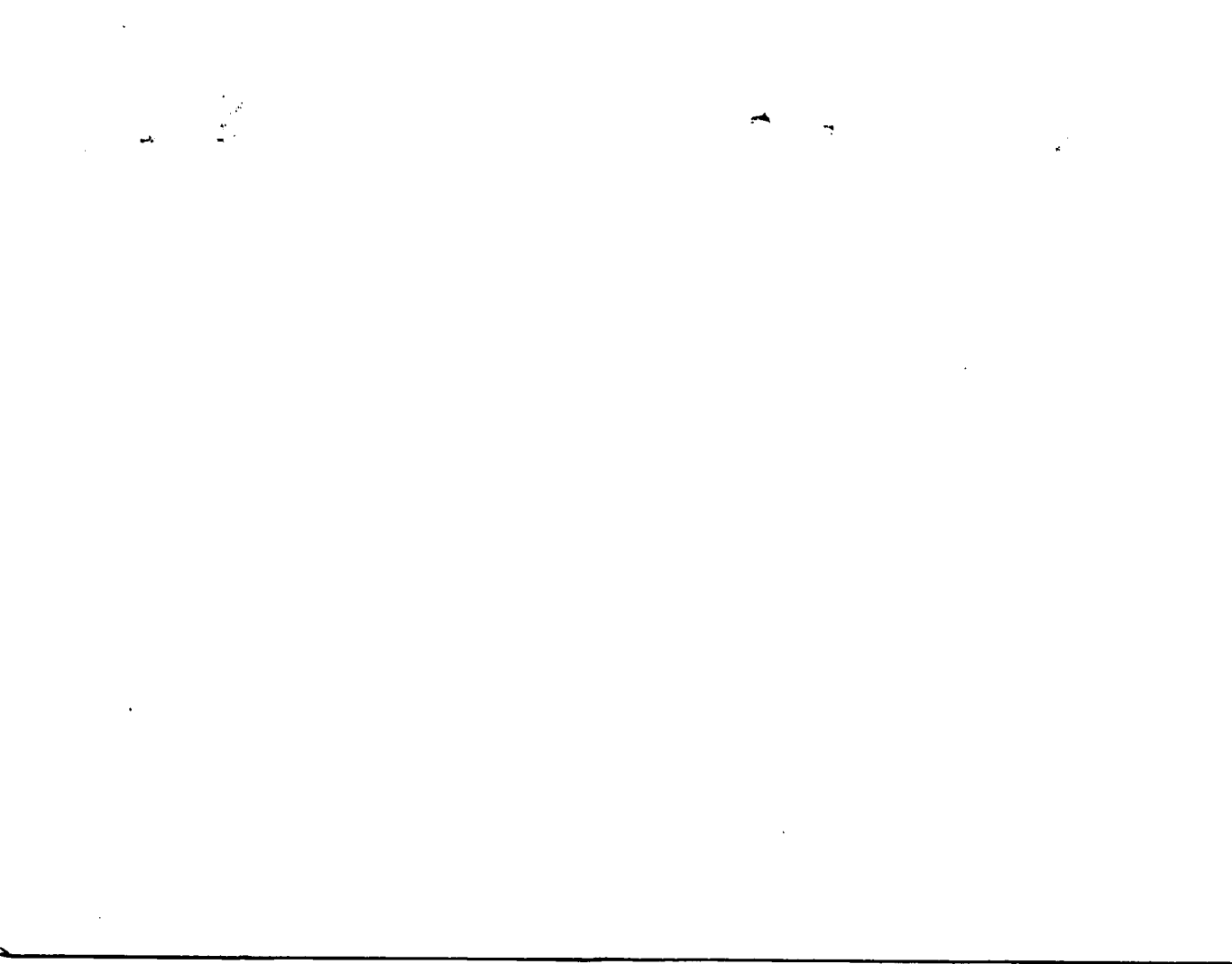
(Physician or midwife)

Address Buhl, Ida.

Filed 2-28 1931

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74508

State File No.

PLACE OF DEATH

County of Lewis Falls

City of Buhl

Registration District No.

Primary Registration District No. 2087

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed 3-5-31

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH as follows:

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

632-124034-319
PLACE OF BIRTH
County of Minnesota
City of Rupert
No. _____ St. _____

RECEIVED MAR 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 188668

(If born in hospital or institution
give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or Other? _____	and {	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of birth <u>Feb 24</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth Five (a) Born alive and now living Three
Born alive but now dead one Stillborn _____

FATHER
FULL NAME Les. Olson
Residence (Usual place of abode) Rupert
If non-resident, give place and State _____
Color or race white Age at last Birthday 42
(Years)
Birthplace Utah
(City and State or County)
Occupation Farmer

MOTHER
FULL MAIDEN NAME La Vera Card
Residence (Usual place of abode) Rupert
If non-resident, give place and State _____
Color or race white Age at last Birthday 37
(Years)
Birthplace Utah
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7:00 A.M.
on the date above stated.

(Signature) Hugh E. Dean

(Physician or midwife)

Address Burley, Ida.

Filed 3-2-1931 L. H. Cutler

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

STATE OF NEW YORK
 COUNTY OF ALBANY
 In SENATE
 January 12, 1924
 at Albany
 REPORT
 OF THE
 COMMISSIONERS OF THE DEPARTMENT OF PUBLIC WELFARE
 IN ANSWER TO A RESOLUTION PASSED BY THE SENATE
 APRIL 11, 1923
 RELATIVE TO THE
 DEPARTMENT OF PUBLIC WELFARE

STATE OF NEW YORK

DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 (CONTINUED)

COUNTY OF ALBANY
 CITY OF ALBANY

No. 28
 Date of Birth

Registration Number No. _____
 Birth Registration District No. _____
 Local Registrar's No. _____

(To be completed by institution
 giving name)

NAME OF CHILD

(If birth is reported as the second child, give name of child)

Sex of Child _____
 Date of Birth _____
 (To be recorded only in case of birth)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Statement of child of this mother, including present birth (if any) Born alive and how living

Born alive and how dead _____
 Stillborn _____
 Died _____
 Cause of death _____
 Date of death _____

Date of birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

Date of last birth _____

If there were no attending physician
 or midwife, then the father, householder,
 or other person should make this report. A physician
 or midwife is one that neither brother nor
 shows other evidence of his after birth.

I hereby certify that I attended the birth of this child, who was _____
 on the date above stated.
 (Signature)
 Address _____
 City _____
 State _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding
City of Wendell
No. R. 7 D. St.

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

188671

Registration District No. 39 State File No. S

(If born in hospital or institution
give name.)

Prim. Registration District No. 2087 Local Registrar's No.

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>7</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Feb. 24</u> (Month) (Day) (Year) <u>1931</u>
-----------------------	---	-------	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME John Holman
Residence (Usual place of abode) Wendell, Ida
If nonresident, give place and State R. 7 D.
Color or race White Age at last Birthday 28 (Years)
Birthplace Fort Lupton, Colo.
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Thelma May Estep
Residence (Usual place of abode) Wendell, Ida
If nonresident, give place and State R. 7 D.
Color or race White Age at last Birthday 19 (Years)
Birthplace Wamego, Kansas
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn { Born alive } at 4:30 P. M.
on the date above stated.

(Signature) Geo. Jennings, M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

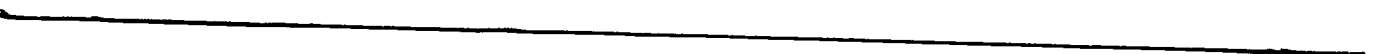
Address Buhl, Idaho

Filed 2-28 1931 J. H. Worley Registrar.

2000

1000

1000



CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding
City of Near Wendel

Registration District No.

Primary Registration District No.

(No. St.)

File No. 75198

Registered No.

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Holman

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Imm 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

7 - 24 1931
(Month) (Day) (Year)

7. AGE

Stieborn
Yrs. Mos. ds.IF LESS than 1 day
how many hrs.
or min. ?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

none

(b) General nature of industry, business or establishment in which employed (or employer)

none

9. BIRTHPLACE

(State or Country)

Wendel Ida

10. NAME OF FATHER

John Holman

11. BIRTHPLACE OF FATHER

(State or Country)

Jt. Lupton Colo

12. MAIDEN NAME OF MOTHER

Helma May Estep

13. BIRTHPLACE OF MOTHER

(State or Country)

Warrego, Kans.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Dr. Geo. Jennings
Buhl, Ida.

15.

Filed

May 26 1931C. L. Dinnenton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

2 24 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from 2 - 24 1931, to 2 - 24 1931

that I last saw him alive on 19.....

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Stieborn
Premature detachment of placenta.
(Duration) Yrs. mos. ds.Contributory
(Secondary)

(Duration) Yrs. mos. ds.

(Signed)

2/15 1931 (Address) Buhl, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19.....

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of OwyheeCity of Grand View

No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

RECEIVED MAR 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

188758

Registration District No. 74 State File No. _____Prim. Registration District No. 2151 Local Registrar's No. 180

Sex of Child <u>Male</u>	Twin Triplet or other? _____	{ and } Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Feb. 9th</u> <u>1931</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? NoneNumber of child of this mother, including present birth 8 (a) Born alive and now living 7Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>Jacob Harvey Helderman</u>	MOTHER FULL MAIDEN NAME <u>Laura E. Proffer</u>
---	--

Residence (Usual place of abode) Hot Springs

If non-resident, give place and State _____

Color or race white Age at last Birthday 47 42Birthplace Bloomfield, Missouri (City and State or County)Occupation Farmer Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 P. M.
on the date above stated.(Signature) Wm. J. Eckenbech

Physician

(Physician or midwife)

Address Grand View,Filed Feb. 2 19 31 W. J. Eckenbech
Registrar

S

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

REF ID: A640112

39672

WSP - 10/15/77

18

in possession of information as to the location of the

LEAD, TO MEAN

10. ~~SECRET~~

11/13/83

What prophetic was said to be said by the prophet...

100-443887-100

SECRET

SECRET

SECRET

SECRET 806

100-443887-100

13

10-10-1964

158-10400-10000

1945

CERTIFICATE OF ADOPTION BY BOARD OF DIRECTORS

01-5

I hereby certify that I attended the birth of this child, who was [redacted] at [redacted]

SECRET

10-11-68

...the latter possessed ...

100-443887-100

There is one final question that arises from the above discussion. It is the question of the relationship between the two different types of information. The answer is that the two types of information are related in a very important way. The first type of information is the information that is used to create the second type of information. The second type of information is the information that is used to create the first type of information. This relationship is the basis of the information theory.

1949

RECEIVED MAR. 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74128**

PLACE OF DEATH

County of OwyheeCity of Hot SpringsRegistration District No. 74Primary Registration District No. 2151Local Registrar's No. 65(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillbirth(a) Residence. No. St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 9th, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hot Springs, Idaho
(State or country)10. NAME OF FATHER
Jacob Harvey Helderman11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Bloomfield, Missouri12. MAIDEN NAME OF MOTHER Laura E. Proffer13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Bloomfield, Missouri14. Informant Jacob Helderman
(Address) Hot Springs15. Filed Feb. 2, 1931 W J Eckenbach
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

February 9th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Breach presentation

(duration) yrs. mos. ds.

CONTRIBUTORY 12½ lb child
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Wm J Eckenbach, M. D.
Feb. 9th 1931 (Address) Grand View

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Bruneau Feb. 10, 193120. Undertaker None Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham
City of Blackfoot Rt. 2
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
128780

Registration District No. 121 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 2194 Local Registrar's No. 75

FULL NAME OF CHILD Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Male	Twin Triplet or other?	{ and { Number in order of birth	Legiti- mate?	yes	Date of birth	Feb. 27	19	31
						(Month)	(Day)	(Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum? Neo-Silvol 10%

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER FULL NAME <u>Arnold Campbell</u>	MOTHER FULL MAIDEN NAME <u>Catherine Jones</u>
--	---

Residence (Usual place of abode) Thomas Dist.

If non-resident, give place and State _____

Color or race white Age at last Birthday 26 (Years)

Birthplace Idaho (City and State or County)

Occupation Farmer

If non-resident, give place and State _____

Color or race white Age at last Birthday 23 (Years)

Birthplace Wyoming (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at _____ X 11: P. M.
on the date above stated.

(Signature) J. O. Hamstrom

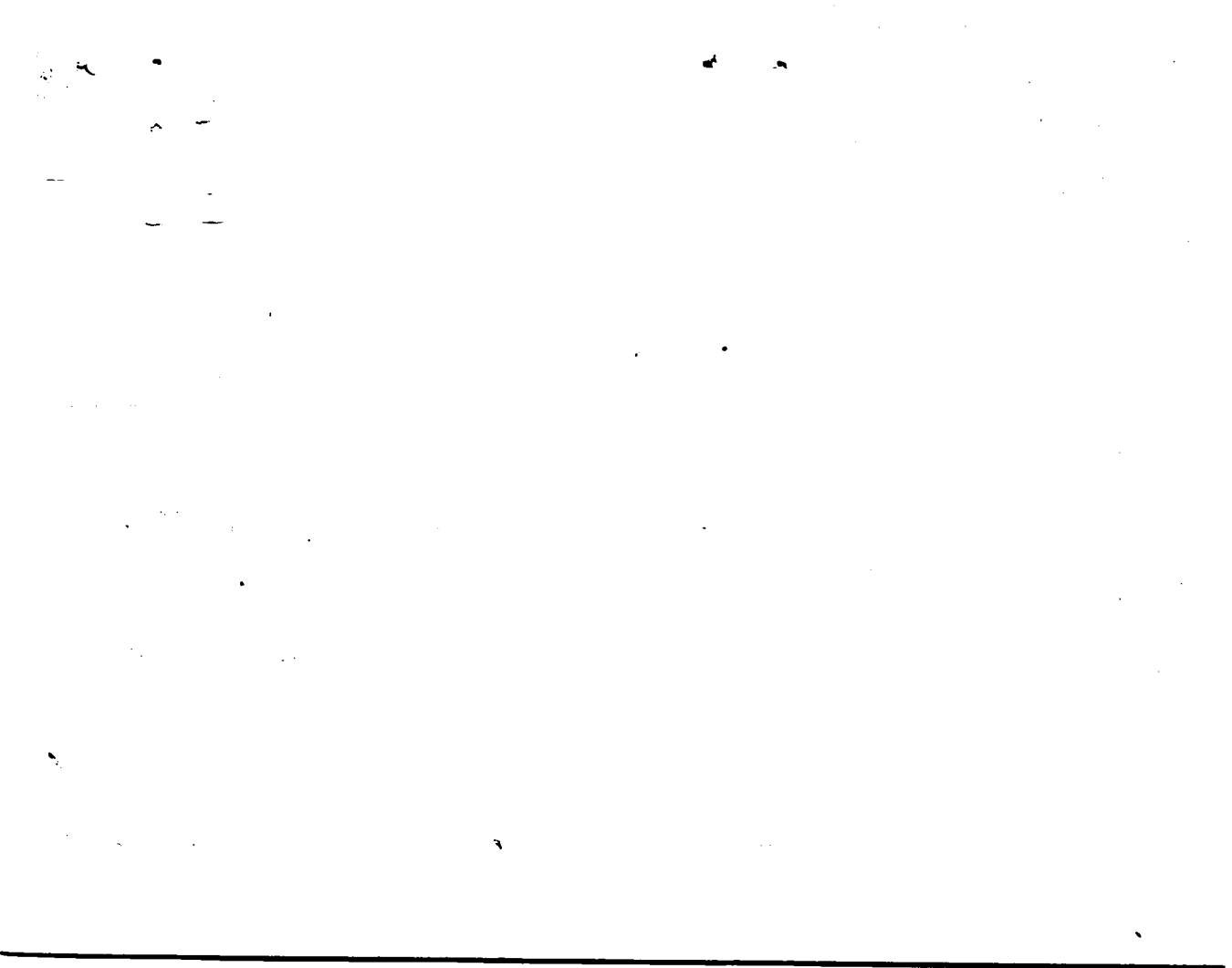
(Physician or midwife)

Address Blackfoot Idaho

Filed Mar 2 31 1931 Mrs. Hallie E. Strick

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 74045

PLACE OF DEATH
County of Congham
City of Thomas Puck

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 27

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Benjamin Campbell St. 206

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Infant</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year)		
7. AGE <u>Stillborn</u>	Years <u>0</u>	Months <u>0</u>
	Days <u>0</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (city or town) <u>Thomas Puck</u> (State or country)		

10. NAME OF FATHER <u>Arnold Campbell</u>
11. BIRTHPLACE OF FATHER (city or town) <u>Idaho</u> (State or Country)
12. MAIDEN NAME OF MOTHER <u>Catherine Jones</u>
13. BIRTHPLACE OF MOTHER (city or town) <u>Idaho</u> (State or Country)

14. Informant <u>Arnold Campbell</u> (Address) <u>Blackfoot Idaho #2 Box 48</u>
15. Filed <u>Feb. 28</u> , 19 <u>31</u> <u>Mr. Walter E. Carr</u> Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH <u>Still Born</u> (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from <u>2 - 27</u> , 19 <u>31</u> , to that I last saw him alive on <u>dead</u> , 19 <u>31</u> and that death occurred, on the date stated above, at <u>11 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Mother died 2 wks before birth</u>

CONTRIBUTORY (Secondary) <u>✓</u> (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) <u>✓</u> (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? <u>✓</u>
Did an operation precede death? <u>✓</u> Date of _____
Was there an autopsy? <u>no</u>
What test confirmed diagnosis? <u>✓</u> (Signed) <u>J. D. Humphrey</u> , M. D. <u>2 - 28</u> , 19 <u>31</u> (Address) <u>Blackfoot Idaho</u>

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>Thomas, Idaho</u>	Date of Burial <u>Feb. 28</u> , 19 <u>31</u>
20. Undertaker <u>Arnold Campbell</u>	Address <u>Blackfoot Idaho</u>

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

188797

County of Bingham
City of Blackfoot ^{#4}

CERTIFICATE OF BIRTH

No. _____ St. _____ Registration District No. 121 State File No. _____

Hospital _____ Primary Registration District No. 2194 Local Registrar's No. 55

FULL NAME OF CHILD

Stillborn Meyers
(Certificate of no value without full name of child)

Sex of Child Female Twin Triplet or other? 1 and { Number in order of birth } Legitimate? yes Date of birth Feb 6 1921
(To be answered only in event of plural birth) (Month) (Day) (Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME John Raymond Meyers
RESIDENCE Blackfoot ^{#4}
COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Murray, Utah
OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emily May Winmill
RESIDENCE Blackfoot ^{#4}
COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Sugar City, Idaho
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } { Stillborn } at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Give names added from a supplemental report. _____, 1921

(Signature)

W W Beck

(Physician or midwife)

Address

Blackfoot, Ida

Filed

Mar 1 1921 Mr. H. L. H. H. H.

Registrar.

Registrar.

1

4 - 1 - 1

RECEIVED MAR 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County of Bingham
City of Blackfoot

CERTIFICATE OF DEATH

Registration District No. 121
Primary Registration District No. 1007
(No.)

DO NOT WRITE IN THIS SPACE

State File No. 74044Local Registrar's No. 24

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn(a) Residence. No. Blackfoot, Ida St.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female 4. COLOR OR RACE White 5. Single. Married. Widowed.
or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb 6, 19317. AGE Stillborn Years Months Days If LESS than 1 day.
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho10. NAME OF FATHER John Raymond Meyers11. BIRTHPLACE OF FATHER (city or town) Murphy
(State or Country) Nash12. MAIDEN NAME OF MOTHER Ernie May Winnill13. BIRTHPLACE OF MOTHER (city or town) Sugar City
(State or Country) Idaho14. Informant (Address) John Raymond Meyers15. File Feb 6, 1931 No. 31 Registrar Mr. Walter E. Watney

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 6, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Feb 6, 1931, to Feb 6, 1931
that I last saw him Stillborn, 19.....and that death occurred, on the date stated above, at 9:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Protracted LaborCONTRIBUTORY (Secondary) Breech, Contracted
Pelvis
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? no(Signed) W. Beck M. D.
2/6, 1931 (Address) Blackfoot19. Place of Burial, Cremation, or Removal Sugar City Idaho Date of Burial 1920. Undertaker E. J. Beck Address Blackfoot

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably such**, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton
City of Reubens
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S188800**

Registration District No. 60 State File No. _____
(If born in hospital or institution give name.)
Prim. Registration District No. 217 Local Registrar's No. 14
stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Triplet { and } Number in order of birth _____ Legitimate? Yes Date of birth Feb. 18 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

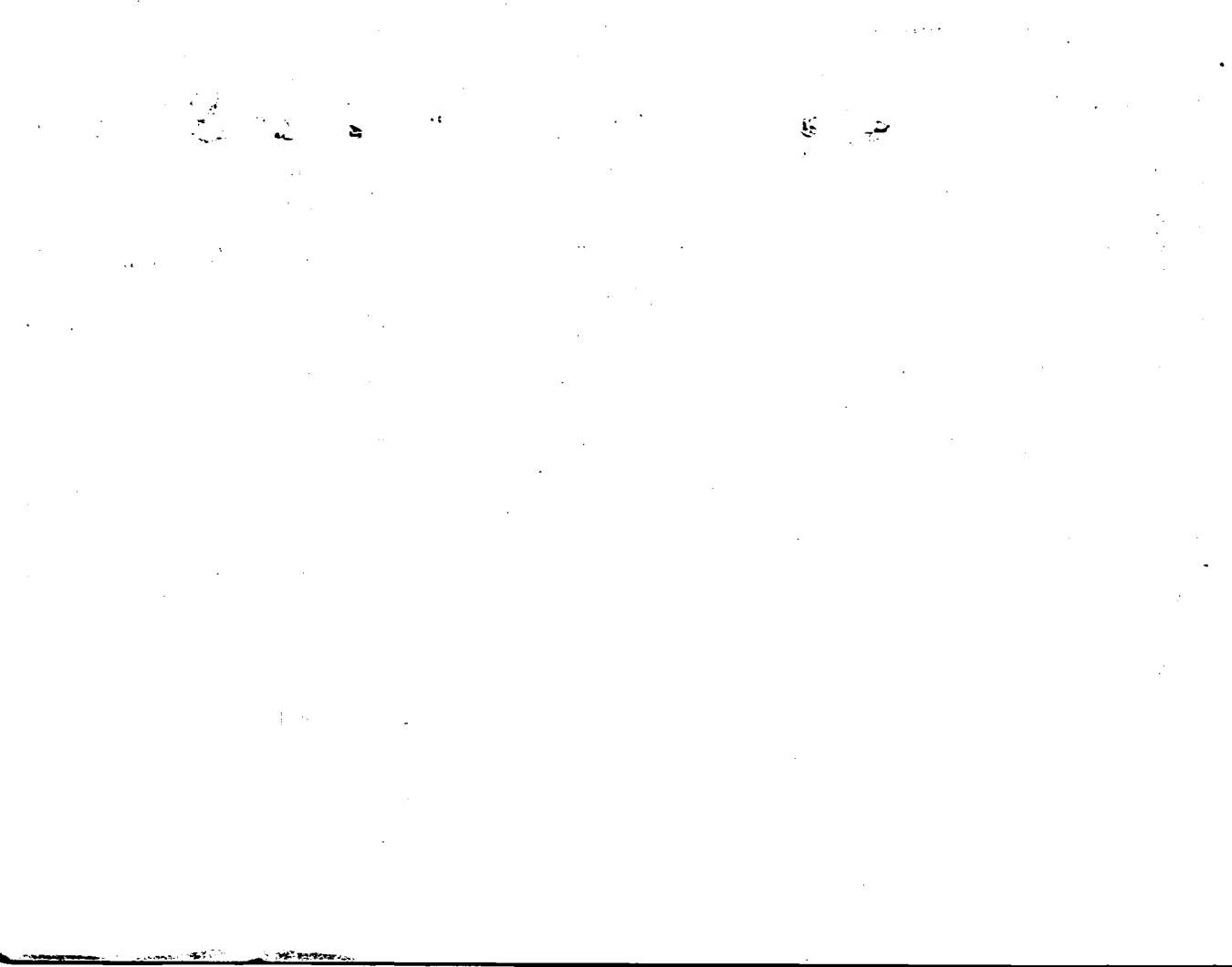
Number of child of this mother, including present birth. 8 (a) Born alive and now living. 5
Born alive but now dead. none Stillborn three

FATHER		MOTHER	
FULL NAME	<u>Eligha Hill</u>	FULL MAIDEN NAME	<u>Catherine Keller</u>
Residence (Usual place of abode)	<u>Reubens, Ida</u>	Residence (Usual place of abode)	<u>Reubens, Ida</u>
If non-resident, give place and State	_____	If non-resident, give place and State	_____
Color or race <u>White</u> Age at last Birthday <u>38</u>		Color or race <u>White</u> Age at last Birthday <u>35</u>	
Birthplace <u>Radia, West Virginia</u> (City and State or Country)		Birthplace <u>Calouse, Idaho</u> (City and State or Country)	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:00 A M. on the date above stated.
(Signature) A.B. Halliday M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
(Physician or midwife)
Address Winchester, Idaho
Filed 7/15 1931 R.G. Sweet Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Sevier

City of Newbern

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 50

Primary Registration District No. 2179

(No. 206)
(If death occurred in a hospital or institution, give its name instead of street and number.)

DO NOT WRITE IN THIS SPACE

State File No. 74073

Local Registrar's No. 3

2. FULL NAME

(a) Residence. No. Stillborn St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb 18 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Regina, Idaho
(State or country) Idaho

10. NAME OF FATHER Editha Hill

11. BIRTHPLACE OF FATHER (city or town) West Virginia
(State or Country)

12. MAIDEN NAME OF MOTHER Ether Leon Keller

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Editha Hill
(Address) Newbern, Ida.

15. Filed 2/19, 1931 W. E. Duncan
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 18, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to Feb. 18, 1931
that I last saw her alive on born dead, 1931
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Placenta Previa
uvula
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physician of mother
(Signed) A. B. Halliday, M. D.
2/18, 1931 (Address) Winchester, Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Melrose Date of Burial 2-20, 1931

20. Undertaker Craigmont Funeral Address Craigmont, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Carson

City of Arco

No. Egbert Hospital St.

(If born in hospital or institution
give name.)

Registration District No. 59 State File No. 2

Prim. Registration District No. 2129 Local Registrar's No. 251

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Feb- 7th</u> <u>1931</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth first (a) Born alive and now living 1

Born alive but now dead — Stillborn —

FATHER FULL NAME <u>Willard Jensen</u>	MOTHER FULL MAIDEN NAME <u>Edna Jackrell</u>
---	---

Residence (Usual place of abode) Home Idaho

If nonresident, give place and State Idaho

Color or race white Age at last Birthday 24 (Years)

Birthplace Salt Lake city - Utah (City and State or Country)

Occupation laborer

Residence (Usual place of abode) Home Idaho

If nonresident, give place and State Idaho

Color or race white Age at last Birthday 22 (Years)

Birthplace Thomson, Idaho (City and State or Country)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at 40 P. M.
on the date above stated.

(Signature) Mary G. Dietrich

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife) nurse
Address Egbert Hospital - Arco, Idaho

Filed Feb 8 1931 R. Salt
Registrar.



N. B.—EVERY ITEM ON THIS FORM SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74087**

PLACE OF DEATH
County of Bulte
City of Arco

Registration District No. 59
Primary Registration District No. 2129

Local Registrar's No. #239

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Hyrum Jensen

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 206

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day and year) Feb 2 - 31

7. AGE Stillborn Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED Infant
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Arco Ida.
(State or country)

10. NAME OF FATHER Willard Hyrum Jensen
11. BIRTHPLACE OF FATHER (city or town) Salt Lake City Utah
(State or Country)
12. MAIDEN NAME OF MOTHER Edna Blackwell
13. BIRTHPLACE OF MOTHER (city or town) Thomas Idaho
(State or Country)

X Informant Willard Hyrum Jensen
(Address) Howe, Idaho

15. Filed Feb 8, 1931. H. Salt-
Registrar

16. DATE OF DEATH Feb 7 7 1931
(Month) (Day) (Year)

17. HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb 7, 1931
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Stillborn
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) H. P. Egbert M. D.
Feb 8, 1931 (Address) Arco Ida.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Feb. 8, 1931 Date of Burial Feb. 8. 1931

20. Undertaker _____ Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Banner
City of Sandpoint, Ida.
No. West Cedar St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

188862

Registration District No. 76 State File No. _____

Prim. Registration District No. 2153 Local Registrar's No. 20

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Feb. 2</u> 1931 (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate None

Number of child of this mother, including present birth 7 (a) Born alive and now living 6

Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>Frank Money</u>	MOTHER FULL MAIDEN NAME <u>Mary Miller</u>
--	---

Residence (Usual place of abode) Sandpoint, Ida. Residence (Usual place of abode) Sandpoint, Ida.

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race White Age at last Birthday 39 Color or race White Age at last Birthday 36
(Years) (Years)

Birthplace La Crosse Wisconsin Birthplace Travis Co. Minn.
(City and State or County) (City and State or County)

Occupation Laborer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 3 P. M. on the date above stated.

(Signature) Walter G. Wandle
M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Sandpoint, Ida.

Filed March 3, 1931 Visla Allen
Shurtz Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County BONNER State IDAHO Registered No. 76
 Township _____ or Village _____
 City SANDPOINT No. WEST CEDAR STREET 73990 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ mos. _____ ds.

2. FULL NAME STILLBORN MONEY

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) FEB. 2, 1931

7. AGE Years Months Days
STILLBIRTH If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) SANDPOINT
 (State or country) IDAHO

13. NAME FRANK MONEY

14. BIRTHPLACE (city or town) LA CROSSE
 (State or country) WISCONSIN

15. MAIDEN NAME MARY MILLER

16. BIRTHPLACE (city or town) TRAVIS COUNTY
 (State or country) MINN.

17. INFORMANT FRANK MONEY
 (Address) SANDPOINT, IDAHO.

18. BURIAL, CREMATION, OR REMOVAL
 Place PINECREST CEMETERY FEB. 20, 1931

19. UNDERTAKER L. G. MOON
 (Address) SANDPOINT, IDAHO.

20. FILED Feb 3, 1931 Viola Allen
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from
Feb. 2, 1931, to Feb 2, 1931

I last saw him alive on stillborn, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Spina bifida
Eyencephalus

6 mo. gestation

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Flayd E. Winkler M. D.

(Address) SANDPOINT, IDAHO.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

281 122 014 693

PLACE OF BIRTH

County of Canyon
City of Caldwell
No. _____ St. _____

RECEIVED MAR 12 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

188899

Registration District No. 3 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1005 Local Registrar's No. 33
FULL NAME OF CHILD Stillbirth Shaw
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Feb-22</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____
Number of child of this mother, including present birth 2 (a) Born alive and now living One
Born alive but now dead none Stillborn one

FATHER FULL NAME <u>Jacob Shaw</u> Residence (Usual place of abode) <u>Caldwell Ida</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>29</u> (Years) Birthplace <u>State of Wash.</u> (City and State or County) Occupation <u>Laborer</u>	MOTHER FULL MAIDEN NAME <u>Lavie Wilson</u> Residence (Usual place of abode) <u>Caldwell Ida</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>23</u> (Years) Birthplace <u>Loyan Utah</u> (City and State or County) Occupation _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Signature) [Signature] Physician or midwife

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Caldwell Ida
Filed 3-4-1931 John H. Mayes Registrar

1. Name of child
 2. Date of birth
 3. Sex of child
 4. Race of child
 5. Religion of child
 6. Education of child
 7. Occupation of child
 8. Address of child
 9. Name of parent
 10. Date of birth of parent
 11. Sex of parent
 12. Race of parent
 13. Religion of parent
 14. Education of parent
 15. Occupation of parent
 16. Address of parent
 17. Name of grandparent
 18. Date of birth of grandparent
 19. Sex of grandparent
 20. Race of grandparent
 21. Religion of grandparent
 22. Education of grandparent
 23. Occupation of grandparent
 24. Address of grandparent

No. of child
 No. of parent

Date of birth of child
 Date of birth of parent

Sex of child
 Sex of parent

Race of child
 Race of parent

Religion of child
 Religion of parent

Education of child
 Education of parent

Occupation of child
 Occupation of parent

Address of child
 Address of parent

Name of grandparent
 Name of grandparent

Date of birth of grandparent
 Date of birth of grandparent

Sex of grandparent
 Sex of grandparent

Race of grandparent
 Race of grandparent

Religion of grandparent
 Religion of grandparent

Education of grandparent
 Education of grandparent

Occupation of grandparent
 Occupation of grandparent

Address of grandparent
 Address of grandparent

No. of child
 No. of parent
 Date of birth of child
 Date of birth of parent
 Sex of child
 Sex of parent
 Race of child
 Race of parent
 Religion of child
 Religion of parent
 Education of child
 Education of parent
 Occupation of child
 Occupation of parent
 Address of child
 Address of parent
 Name of grandparent
 Date of birth of grandparent
 Sex of grandparent
 Race of grandparent
 Religion of grandparent
 Education of grandparent
 Occupation of grandparent
 Address of grandparent

No. of child
 No. of parent

Date of birth of child
 Date of birth of parent

Sex of child
 Sex of parent

Race of child
 Race of parent

Religion of child
 Religion of parent

Education of child
 Education of parent

Occupation of child
 Occupation of parent

Address of child
 Address of parent

Name of grandparent
 Name of grandparent

Date of birth of grandparent
 Date of birth of grandparent

Sex of grandparent
 Sex of grandparent

Race of grandparent
 Race of grandparent

Religion of grandparent
 Religion of grandparent

Education of grandparent
 Education of grandparent

Occupation of grandparent
 Occupation of grandparent

Address of grandparent
 Address of grandparent

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74054**

PLACE OF DEATH

County of CanyonCity of CaldwellRegistration District No. 3Primary Registration District No. 1005Local Registrar's No. 26

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Ray Jabe Shaw(a) Residence. No. 6 4 Denver St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Feb. 21-19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
— — — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho10. NAME OF FATHER Jabe Shaw11. BIRTHPLACE OF FATHER (city or town) Wash.
(State or Country)12. MAIDEN NAME OF MOTHER Louise Wilson13. BIRTHPLACE OF MOTHER (city or town) Kansas
(State or Country)14. ☒ Informant Jabe Shaw
(Address) Caldwell, Idaho15. Filled 2-25- 1931- John S. Meyer
Registrar.MEDICAL CERTIFICATE OF DEATH 2016. DATE OF DEATH Feb 21 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931, to Feb 21, 1931

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:Breast - Prostate
Prostate Prosth.CONTRIBUTORY (Secondary) Breast Prostate
(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. D. Jones M. D.Feb 23, 1931 (Address) Caldwell, Idaho19. Place of Burial, Cremation, or Removal Canyon Hill Date of Burial 2-22 193120. Undertaker C. V. Beckham Address Caldwell
Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, ~~known~~, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin);** "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho
City of Cottamwood

No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 105 State File No. _____

Prim. Registration District No. 2183 Local Registrar's No. 18

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>F</u>	Twin Triplet or other? _____ and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Feb 22</u> 19 <u>31</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 3 (a) Born alive and now living 2

Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>Michael Hilbert</u>	MOTHER FULL MAIDEN NAME <u>Dorothy Gehring</u>
--	---

Residence (Usual place of abode) Newterville, Ida.

If non-resident, give place and State _____

Color or race W Age at last Birthday 35 (Years)

Birthplace St. Donatus, Iowa (City and State or County)

Occupation Wesley (City and State or County)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 P. M.
on the date above stated.

(Signature) Wesley Orr M.D.

(Physician or midwife)

Address Cottamwood Ida

Filed Feb 28 1931 W.F. Orr

J.B. Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF NEW YORK
 COUNTY OF ...
 CITY OF ...
 No. ...
 It has been ascertained that the child was born at ...
 on the date above stated.

STATE OF NEW YORK

County of ...
 City of ...
 No. ...
 It has been ascertained that the child was born at ...
 on the date above stated.

FULL NAME OF CHILD

Sex of Child

Birth of Child

Number of Births

Sex of Child

Birth of Child

Sex of Child

What prophylactic was used to prevent Ophtalmia Neonatorum?

Number of child of this mother including present birth

Born alive but now dead

FATHER

FULL NAME

FULL NAME

MOTHER

Place of birth of child

Is now resident with father and mother

Color of hair

Birthplace

City and State of birth

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Signature

I hereby certify that I attended the birth of this child who was

on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other signs of life after birth.

STATE OF NEW YORK
 DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Registration District No. ...
 State File No. ...
 Local Registrar's No. ...

Full name of child at birth

Date of Birth
 (Month) (Day) (Year)

Color of hair
 (Year)

Birthplace
 (City and State of birth)

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Signature

I hereby certify that I attended the birth of this child who was

on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other signs of life after birth.

Color of hair
 (Year)

Birthplace
 (City and State of birth)

Occupation

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

RECEIVED MAR 105

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Idaho
City of CottonwoodRegistration District No. 105
Primary Registration District No. 2183
(No. _____, _____ St.)File No. 74120
Registered No. 74120

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Stillehorn

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

Feb. 22 1931
(Month) (Day) (Year)

7. AGE

✓ Yrs. ✓ Mos. ✓ ds.IF LESS than 1 day
how many ✓ hrs.
or ✓ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work. ✓

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) Cottonwood, Ida.

10. NAME OF FATHER

Michael Hilbert

11. BIRTHPLACE OF FATHER

(State or Country) St. Donatus, Iowa

12. MAIDEN NAME OF MOTHER

Dorothy Gehring

13. BIRTHPLACE OF MOTHER

(State or Country) Kenterville, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Michael Hilbert
(Address) Kenterville, Idaho15. Filed Feb. 23 1931 H. F. Orr, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb. 22 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. _____, to 19. _____

that I last saw him alive on 19. _____

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

7th month gestation.
Maternal Immunity.

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Healey F. Orr M. D.2/22/1931 (Address) Cottonwood, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death?

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

Kenterville, Ida.

DATE OF BURIAL

Feb. 23, 1931

20. UNDERTAKER

Dr. Martin, Kenterville, Idaho

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO RECEIVED JUL 26 1931	
County of <u>Catah</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Moscow</u>		BUREAU OF VITAL STATISTICS	
No. <u>9085 Jefferson</u>		CERTIFICATE OF BIRTH	
<u>319-206-029 11594</u>		188998	
(If born in hospital or institution give name.)		Registration District No. <u>61</u> State File No. <u>-</u>	
Prim. Registration District No. <u>10-1</u>		Local Registrar's No. <u>1</u>	
FULL NAME OF CHILD <u>Baby Carrie</u>		(If stillborn, substitute the word "Stillbirth" for name of child)	
Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan 6 1931</u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
Number of child of this mother, including present birth <u>2</u> (a) Born alive and now living <u>1</u>			
Born alive but now dead <u>1</u> Stillborn <u>1</u>			
FATHER		MOTHER	
FULL NAME <u>Albert Dean Caries</u>		FULL MAIDEN NAME <u>Thelma Elizabeth Eids</u>	
Residence (Usual place of abode) <u>Moscow, Ida.</u>		Residence (Usual place of abode) <u>Moscow, Ida.</u>	
If nonresident, give place and State <u>-</u>		If nonresident, give place and State <u>-</u>	
Color or race <u>White</u> Age at last Birthday <u>23</u>		Color or race <u>White</u> Age at last Birthday <u>19</u>	
(Years)		(Years)	
Birthplace <u>Washington</u>		Birthplace <u>Idaho</u>	
(City and State or Country)		(City and State or Country)	
Occupation <u>Cabaret</u>		Occupation <u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. M.
on the date above stated.

(Signature) Phrysenhond

(Physician or midwife)

Address Moscow, Ida.

Filed 2-21-1931

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WHILE PLAINLY, WITH UNFADING INK—LEADS TO A DECEASED PERSON
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 9 1931
DO NOT WRITE IN THIS SPACE
State File No. **74153**

PLACE OF DEATH
County of **Latah**
City of **McScow**

Registration District No. **61**
Primary Registration District No. **1011**

Local Registrar's No. **2**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Carrier**

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) Child
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day and year) Dec. 6, 1931		
7. AGE Stillbirth	Years Months Days	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (city or town) **McScow, Ida.**
(State or country)

10. NAME OF FATHER Dean A. Carrier
11. BIRTHPLACE OF FATHER (city or town) Washuena (State or Country) WASH.
12. MAIDEN NAME OF MOTHER Thelma E. Eide
13. BIRTHPLACE OF MOTHER (city or town) McScow, Ida. (State or Country)

14. Informant **Dean Carrier**
(Address) **McScow, Idaho**

15. Filed **2-21**, 19**31** **Paul E. Housh**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Jan. 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **Jan. 6**, 19**31**, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:
Baby stillborn. When called found baby half born and dead. Evidently died to death or asphyxiated due to delay in delivery.
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) **Paul E. Housh**, M. D.
1/7, 19**31** (Address) **McScow**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **McScow** Date of Burial **1/7/31**

20. Undertaker **H. R. Short** Address **McScow**

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "**Laborer, Foreman, Manager, Dealer,**" etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "**Epidemic cerebrospinal meningitis**"); **Diphtheria** (avoid use of "**Croup**"); **Typhoid fever** (never report "**Typhoid Pneumonia**"); **Lobar pneumonia; Bronchopneumonia** ("**Pneumonia**," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "**Cancer**" is less definite; avoid use of "**Tumor**" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions, such as "**Asthenia, Anaemia**" (merely symptomatic), "**Atrophy, Collapse, Coma, Convulsions, Debility, Congenital, Senile,**" etc.), "**Dropsy, Exhaustion, Heart Failure, Hemorrhage, Inanition, Marasmus, Old age, Shock, Uraemia, Weakness,**" etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "**Contributory.**"

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah
City of Princeton
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

189047

Registration District No. 65 State File No.

Prim. Registration District No. 2145 Local Registrar's No.

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin <input type="checkbox"/> Triplet <input checked="" type="checkbox"/> or other? <input type="checkbox"/>	and {	Number in order of birth <input checked="" type="checkbox"/>	Legitimate? <u>Yes</u>	Date of birth <u>Jan. 19</u> 19 <u>31</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1
Born alive but now dead 2 Stillborn 1

FATHER
FULL NAME J. L. Benage
Residence (Usual place of abode) Princeton
If nonresident, give place and State _____
Color or race White Age at last Birthday 36 (Years)
Birthplace Missouri
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME May Hardin
Residence (Usual place of abode) Princeton
If nonresident, give place and State _____
Color or race White Age at last Birthday 28 (Years)
Birthplace Washington
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 10 A. M.
on the date above stated. { Stillborn }

(Signature) D. J. W. Thompson

(Physician or midwife)

Address Booth

Filed Jan 21 1931 D. J. W. Thompson
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah
City of Pothatch
No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
189099

Registration District No. 65 State File No. _____

Prim. Registration District No. 2145 Local Registrar's No. _____

Still birth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth <input checked="" type="checkbox"/>	Legiti- mate? <u>yes</u>	Date of birth <u>March 1st</u>	19 <u>31</u>
(To be answered only in event of plural births)				(Month)	(Day)	(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 0 Stillborn 1

FULL NAME <u>P. L. Powers</u>	FATHER	FULL MAIDEN NAME <u>Elyora Hartford</u>	MOTHER
----------------------------------	--------	---	--------

Residence (Usual place of abode) Palouse, Wash.

If non-resident, give place and State Palouse, Wash.

Color or race White Age at last Birthday 28 (Years)

Birthplace California (City and State or County)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 1 A. M.
on the date above stated.

(Signature) D. F. C. Gibson

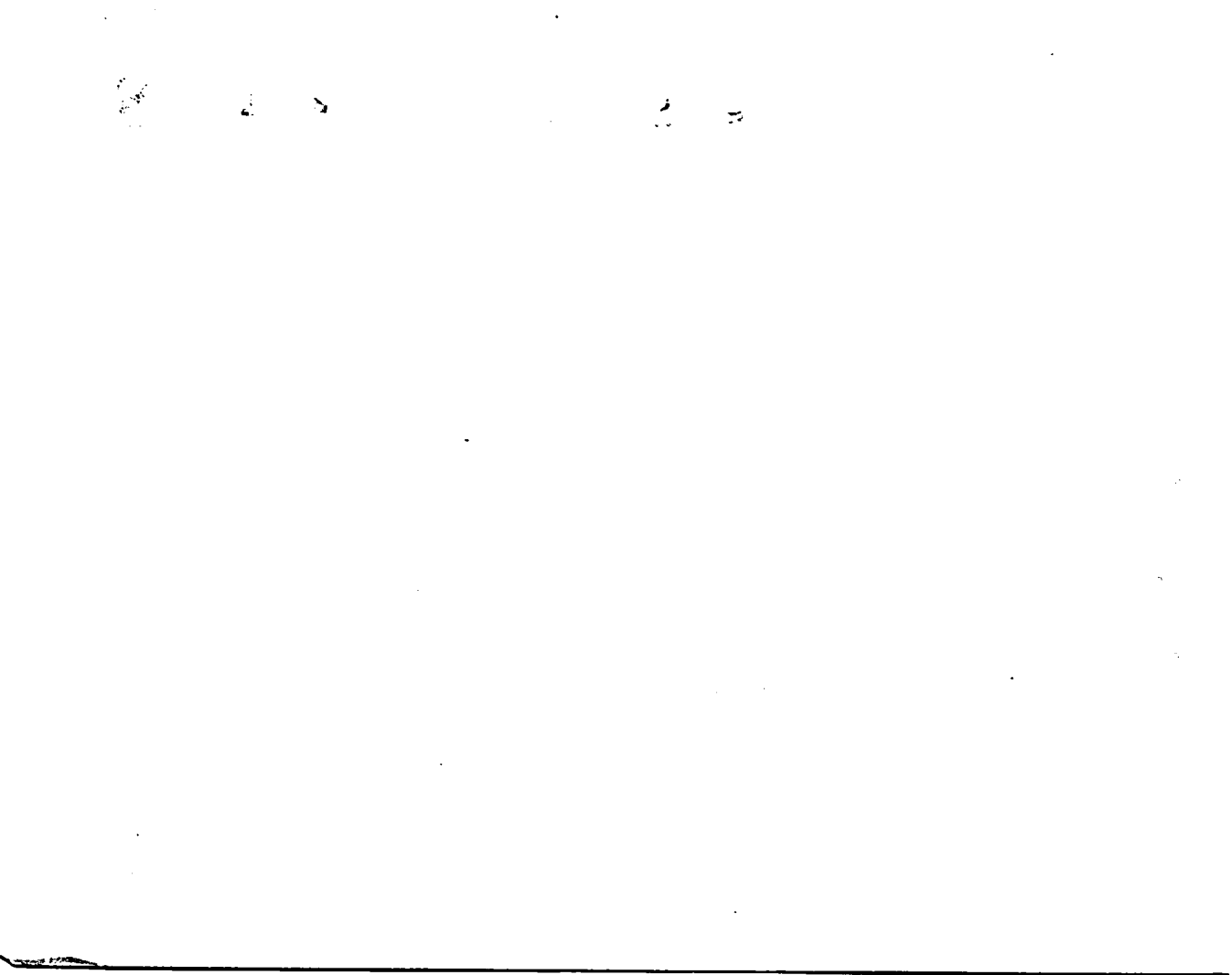
(Physician or midwife)

Address Pothatch

Filed March 3rd 1931 D. J. Thompson

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74152**

PLACE OF DEATH
County of Latah
City of Pottatch

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No. 65

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still Birth of baby Powers.

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ <u>✓</u>		
6. DATE OF BIRTH (month, day and year)		
7. AGE	Years	Months
	Days	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>none</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>		
(c) Name of employer <u>✓</u>		
9. BIRTHPLACE (city or town) <u>Pottatch Idaho</u> (State or country)		

10. NAME OF FATHER <u>L. P. Powers</u>
11. BIRTHPLACE OF FATHER (city or town) <u>California</u> (State or Country)
12. MAIDEN NAME OF MOTHER <u>Elyra Hartford</u>
13. BIRTHPLACE OF MOTHER (city or town) <u>Wisconsin</u> (State or Country)

14. Informant <u>L. P. Powers</u> (Address) <u>Palouse Wash.</u>
15. Filled <u>March 3rd 1931</u> <u>Dr. J. W. Thompson</u> Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
March - 1st 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw him ✓ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Still born.
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Placenta Rupture
(Secondary)
(duration) _____ yrs. _____ mos. 7 ds.

18. Where was disease contracted ✓
if not at place of death?
Did an operation precede death? ✓ Date of ✓
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. C. Gibson, M. D.
3/3/ 1931 (Address) Pottatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>Eden Valley Cemetery</u>	Date of Burial <u>March 2nd 1931</u>
20. Undertaker <u>E. Anderson</u>	Address <u>Palouse</u>

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner
City of Landpoint
No. 514 7th St.

Page Hospital
(If born in hospital or institution
give name.)

FULL NAME OF CHILD Infant - Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 State File No. 189356

Prim. Registration District No. 2155 Local Registrar's No. 25

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth	Legiti- mate <u>yes</u>	Date of birth <u>3</u> <u>11</u> <u>1931</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? -

Number of child of this mother, including present birth 13 (a) Born alive and now living 8

Born alive but now dead 5 Stillborn -

FATHER FULL NAME <u>Edward Hildreth</u>	MOTHER FULL NAME <u>Elizabeth Marion</u>
--	---

Residence (Usual place of abode) <u>Hotonai, Ida</u>	Residence (Usual place of abode) <u>Hotonai, Ida</u>
--	--

If non-resident, give place and State <u>-</u>	If non-resident, give place and State <u>-</u>
--	--

Color or race <u>White</u> Age at last Birthday <u>70</u>	Color or race <u>White</u> Age at last Birthday <u>42</u>
(Years)	(Years)

Birthplace <u>Michigan</u>	Birthplace <u>Michigan</u>
(City and State or County)	(City and State or County)

Occupation <u>Night watchman</u>	Occupation <u>Housewife</u>
----------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

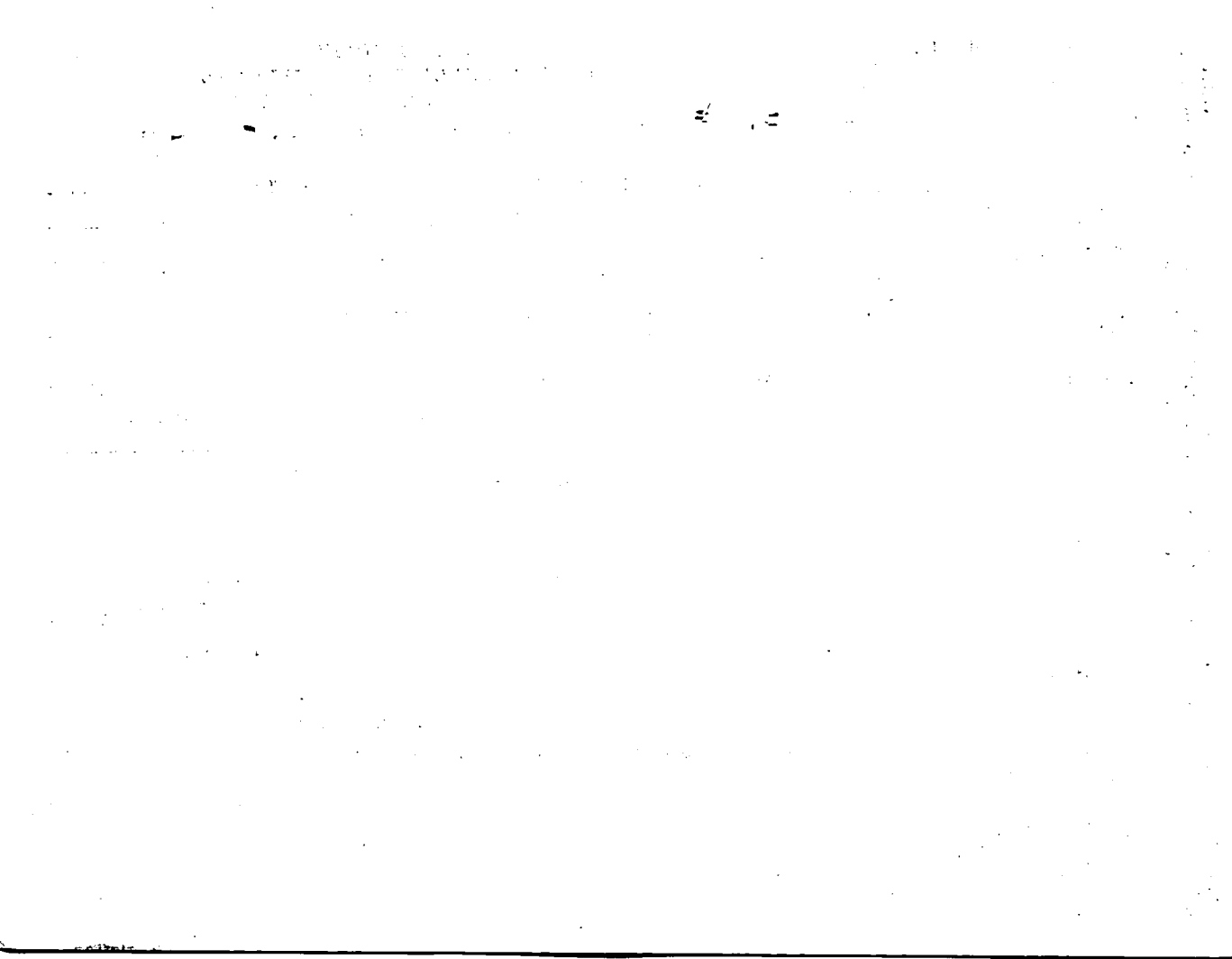
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 5:20 A. M.
on the date above stated.

(Signature) Wm F. Tyler M.D.
Physician
(Physician or midwife)

Address Landpoint, Idaho

Filed April 2, 1931 Viola Allen
Deputy Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74559

State File No.

- PLACE OF DEATH

County of BonnerCity of Sandpoint

CERTIFICATE OF DEATH

Registration District No. 78Primary Registration District No. 2155(No. Page Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 232. FULL NAME Infant Hildreth(a) Residence. No. Kootenai Ida St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 11, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>Still born</u>				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Sandpoint Ida.

10. NAME OF FATHER

Edward Hildreth11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Michigan

12. MAIDEN NAME OF MOTHER

Elizabeth Marion13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Michigan14. Informant Edward Hildreth
(Address) Kootenai Ida15. Filed March 11, 1931Viola Allen
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 11, 1931, to March 11, 1931that I last saw live on March 11, 1931and that death occurred, on the date stated above, at 5:20 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Still born unknown cause.
died before delivery
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm F. Lyster, M. D.
March 11, 1931 (Address) Sandpoint, Ida.

19. Place of Burial, Cremation, or Removal

Kootenai Ida
over cemetery

Date of Burial

3/11, 1931

20. Undertaker

Edw. Hildreth

Address

Kootenai

5 P.M.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis
City of Winchester
No. St.

Winchester Hosp.
(If born in hospital or institution
give name.)

FULL NAME OF CHILD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

189380

CERTIFICATE OF BIRTH

S

Registration District No. 60 State File No.

Prim. Registration District No. 2129 Local Registrar's No. 17

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Feb. 28</u> 19 <u>31</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? no

Number of child of this mother, including present birth... 4 (a) Born alive and now living... 3

Born alive but now dead... none Stillborn... one

FULL NAME FATHER <u>Chas. Kenneth Miller</u>	FULL NAME MOTHER <u>Fredia Johnson</u>
--	--

Residence (Usual place of abode) Culdesac

Is non-resident, give place and State

Color or race white Age at last Birthday 31 (Years)

Birthplace Detroit, Minn. (City and State or County)

Occupation Farmer

Is non-resident, give place and State

Color or race white Age at last Birthday 27 (Years)

Birthplace Craigmont, Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:00 P. M. on the date above stated.

(Signature) A. B. Halliday, M.D.

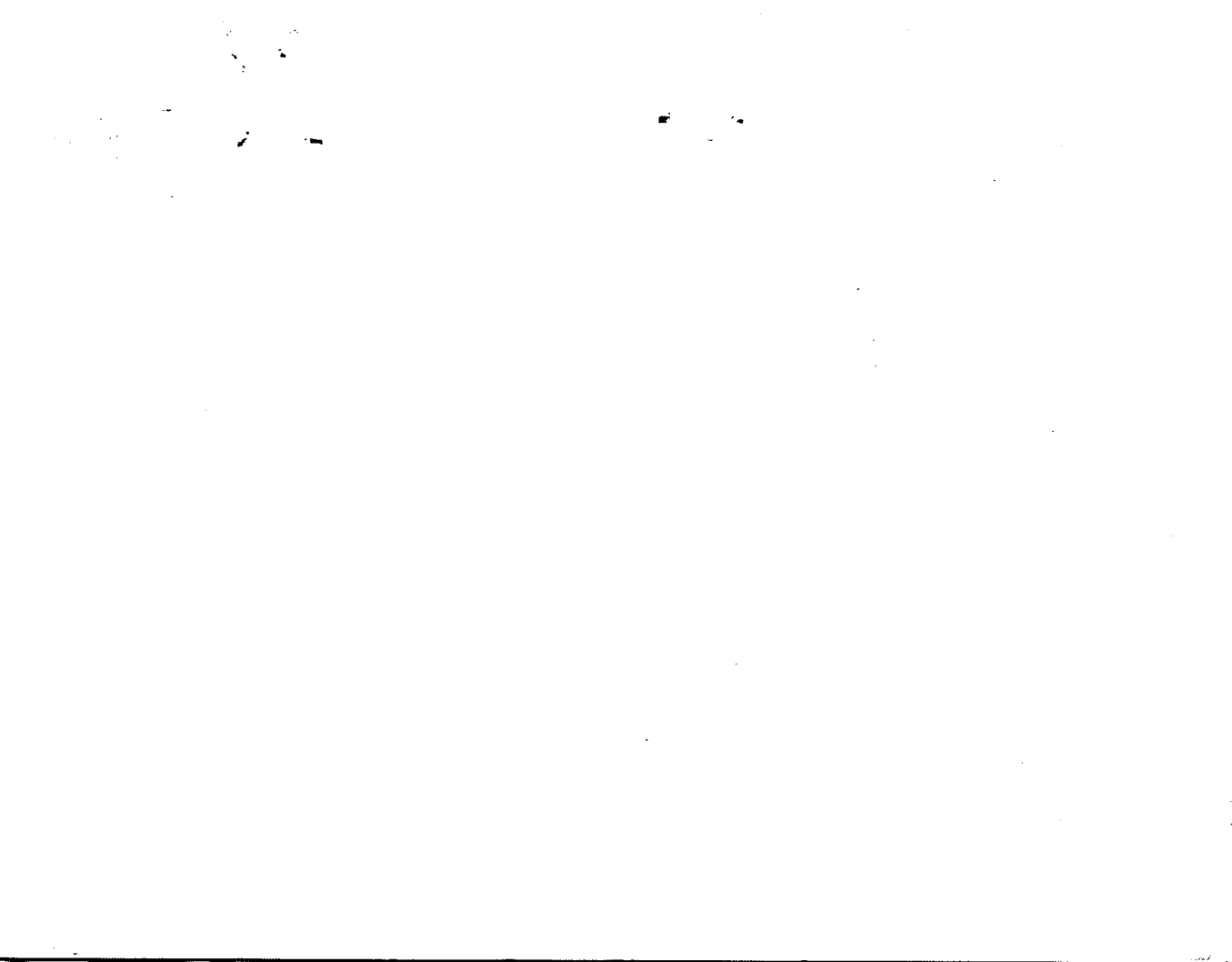
(Physician or midwife)

Address Winchester, Idaho

Filed 3/5 1931 Dumas

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 6 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74529

State File No.

PLACE OF DEATH

County of Lewis
City of Winchester

Registration District No. 03
Primary Registration District No. 2/7

Local Registrar's No. 4

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Miller (Stillborn)

(a) Residence. No. Hildesac, Idaho St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE stillborn Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Winchester, Ida (State or country)

10. NAME OF FATHER Chas. Kenneth Miller

11. BIRTHPLACE OF FATHER (city or town) Detroit Lake (State or Country) Minn.

12. MAIDEN NAME OF MOTHER Fredia Johnson

13. BIRTHPLACE OF MOTHER (city or town) Craigmont, Idaho (State or Country)

14. Informant Mrs. E. K. Miller (Address) Caldesac, Idaho

15. Filled 3/10, 1931 P. E. Duval Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb. 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1931, to Feb. 28, 1931 that I last saw him alive on stillborn, 1931 and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Premature separation of placenta
(duration) yrs. mos. ds.

CONTRIBUTORY mother fell
(Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings
(Signed) A. B. Halliday M. D. 3/13, 1931 (Address) Winchester

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Miller Ranch Date of Burial Feb. 28

20. Undertaker none Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Durham
City of Grand View
No. St.

STATE OF IDAHO **RECEIVED** 1898 87 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 74 State File No.

Prim. Registration District No. 2151 Local Registrar's No. 183

(If born in hospital or institution give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>4</u> <u>5</u> <u>1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 5 (a) Born alive and now living 3

Born alive but now dead 2 Stillborn 2

FATHER		MOTHER	
FULL NAME <u>Ray Edward Bruner</u>	FULL MAIDEN NAME <u>Mollie Hazel</u>	FULL NAME <u>Ray Edward Bruner</u>	FULL MAIDEN NAME <u>Mollie Hazel</u>
Residence (Usual place of abode) <u>Grand View</u>	Residence (Usual place of abode) <u>Grand View</u>	Residence (Usual place of abode) <u>Grand View</u>	Residence (Usual place of abode) <u>Grand View</u>

If nonresident, give place and State

Color or race Caucasian Age at last Birthday 39 (Years)

Birthplace La Grange - Ky (City and State or Country)

Occupation Laborer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive { Stillborn } at 6:30 P. M. on the date above stated.

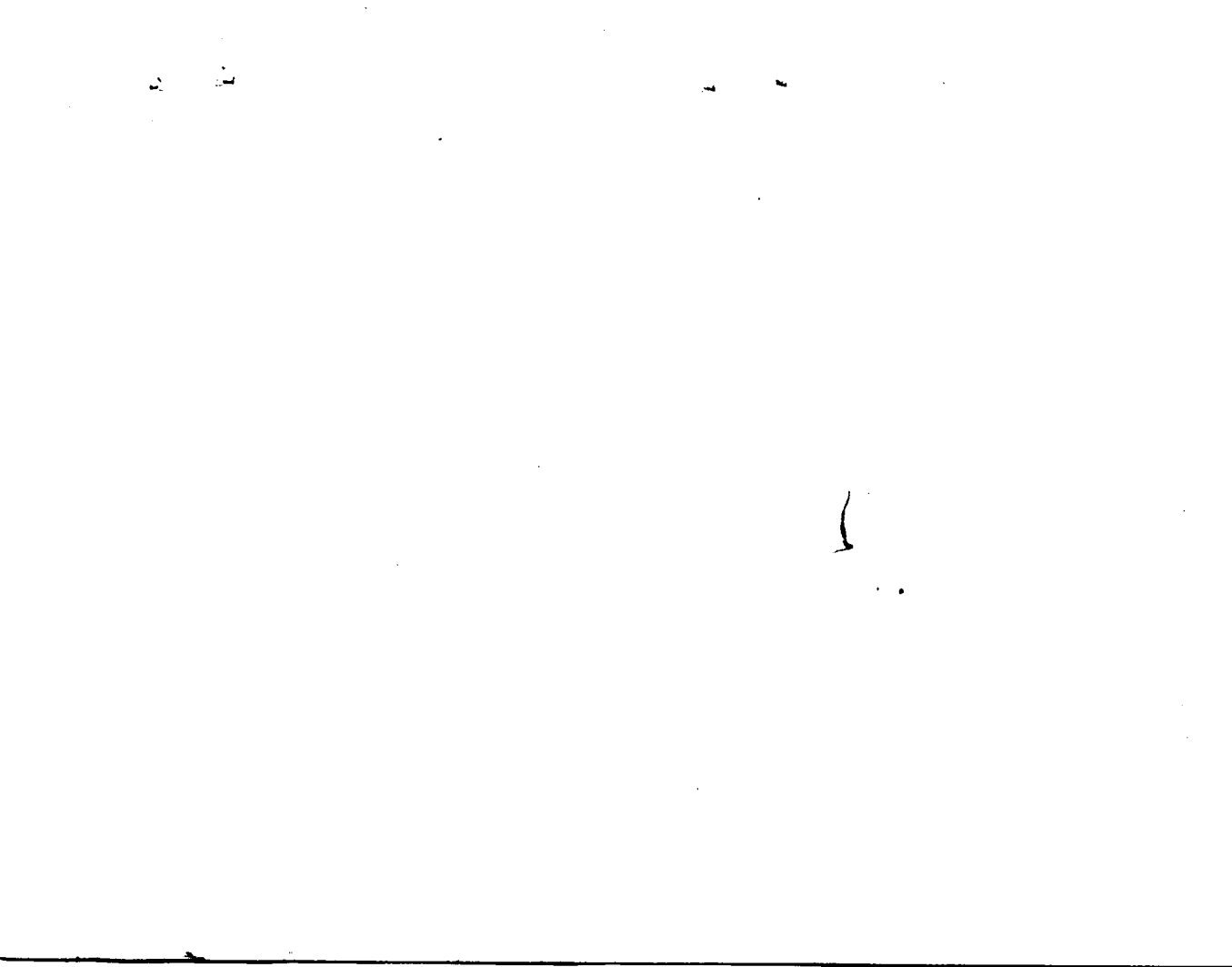
(Signature) L. C. Neiswander

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Grand View - La

Filed 4/7 1931 W. J. Erkeybeck
per A. C. Erkeybeck Deputy



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APR 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Elmore
City of Grand View

Registration District No. 74
Primary Registration District No. 215-1

DO NOT WRITE IN THIS SPACE

State File No. 74542Local Registrar's No. 66(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day and year) <u>Apr. 5-1931</u>		
7. AGE	Years	Months
		Days
		If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (city or town) _____
(State or country) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) _____

14. Informant _____

(Address) _____

15. Filed _____

_____ 1931 _____
per A. C. Erkenbeck Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Apr. 5th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____
and that death occurred, on the date stated above, at 6:30 P. m.
The CAUSE OF DEATH* was as follows:Stillborn

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____
(Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) L. C. Neiswander, M. D.
Apr. 6 1931 (Address) Grand View

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal _____

Date of Burial _____

Grand View, IdahoApr. 6th 1931

20. Undertaker _____

Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7 PLACE OF BIRTH
County of Canyon
City of Parma
No. B.F.D. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
189419

Registration District No. 2 State File No. _____

(If born in hospital or institution give name.)

Prim Registration District No. 2 Local Registrar's No. 29

FULL NAME OF CHILD Stillborn Potts

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>F</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimacy <u>yes</u>	Date of birth <u>3 5 1931</u> (Month) (Day) (Year)
-----------------------	--	-----	--------------------------------	--------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>Charles J. Potts</u>	MOTHER FULL MAIDEN NAME <u>Leona Regnold</u>
---	---

Residence (Usual place of abode) Parma

If nonresident, give place and State _____

Color or race W Age at last Birthday _____ (Years)

Birthplace Hooker S. Dakota (City and State or Country)

Occupation farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M. on the date above stated.

(Signature) E. Jensen

(Physician or midwife)

Address Parma

Filed 4-1 1931 Wm. H. Bishop

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

100 2 2

100 2 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED APR 1931

DO NOT WRITE IN THIS SPACE

State File No. 74580

PLACE OF DEATH
County of Canyon.
City of Parma.

Registration District No. 9

Primary Registration District No. 2007

Local Registrar's No. 123

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Potts

(a) Residence. No. Parma, Idaho, St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 5, 1931

7. AGE Years Months Days
still born less than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Parma, Idaho.

10. NAME OF FATHER Oliver J. Potts

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Hooker, South Dakota.

12. MAIDEN NAME OF MOTHER Leona Regnold.

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Irvine, Iowa.

14. Informant Oliver J. Potts
(Address)

15. Filed 3-6-31, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

3 5 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

3/5, 1931, to 3/5, 1931
that I last saw her alive on

and that death occurred, on the date stated above, at 12:45 P. M.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY
(Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18. Where was disease contracted
If not at place of death? In Utah

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. C. Jensen, M. D.

3/6/31, 19 (Address) Parma, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Parma 3-7-31

20. Undertaker A. V. Peckham Address

Caldwell

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka
City of Rupert
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 6 1931
189469

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2015 Local Registrar's No. 43

FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yo</u>	Date of birth <u>May 6</u> (Month) (Day) (Year) <u>1931</u>
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What prophylactic was used to prevent Ophthalmia Neonatorum? No. 1010

Number of child of this mother, including present birth. 2 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Mike Jamie</u>	FULL MAIDEN NAME <u>Margaret Kendall</u>
---------------------------------------	--

Residence (Usual place of abode) <u>Rupert</u>	Residence (Usual place of abode) <u>Rupert</u>
--	--

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>Indian</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>19</u> (Years)
--	---

Birthplace <u>Idaho</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
--	--

Occupation <u>Householder</u>	Occupation <u>Housewife</u>
-------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:50 P.
on the date above stated.

(Signature) E. E. Elmore

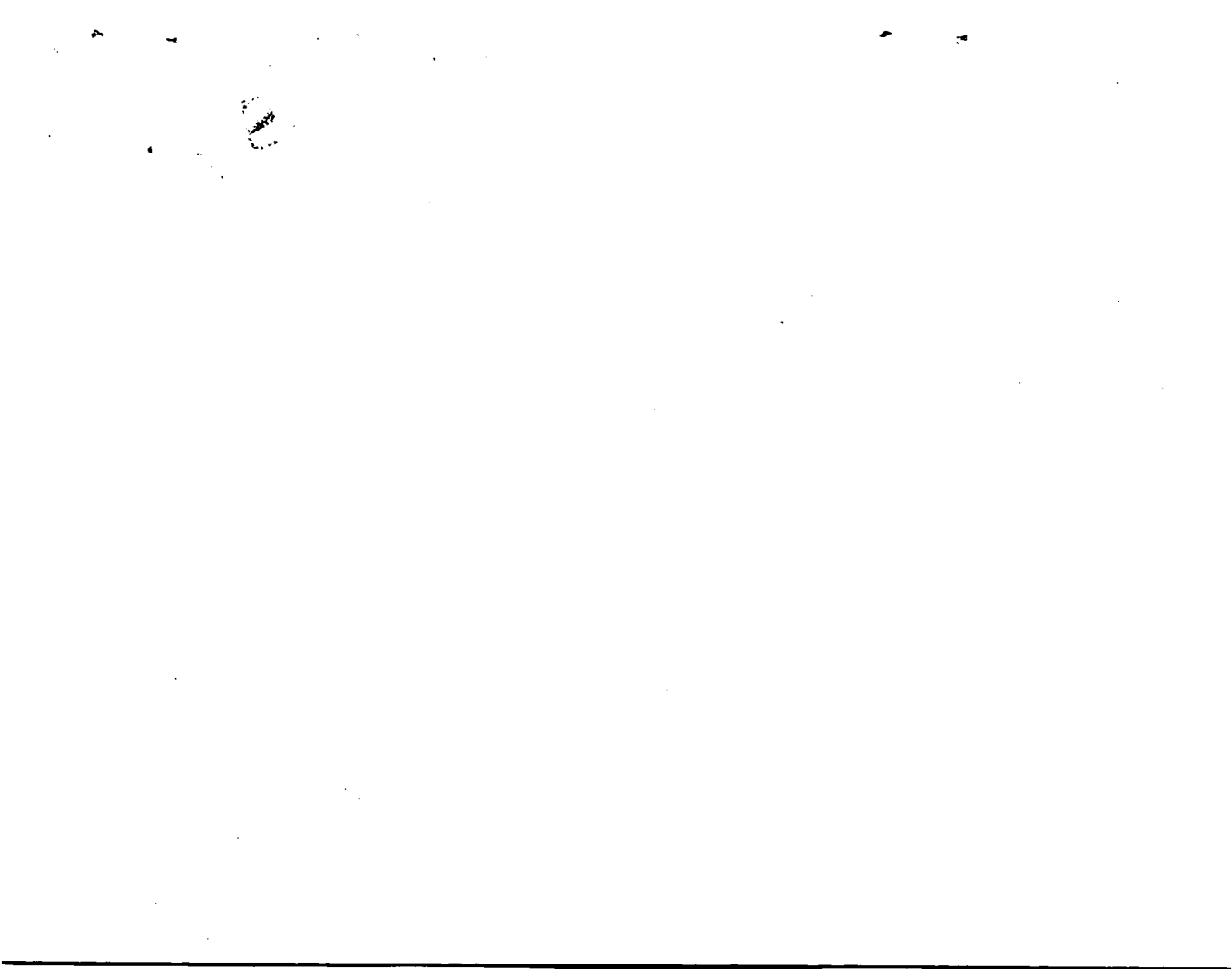
(Physician or midwife)

Address Rupert, Idaho

Filed K-1 1931 E. E. Elmore

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74585

State File No.

PLACE OF DEATH
County of Min. Lake
City of "Registration District No. 19Primary Registration District No. 2013Local Registrar's No. 12

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Jaime Stillborn

(a) Residence No.

(Usual place of abode.)

St.

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE White5. Single, Married, Widowed,
or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
Still min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Child(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)10. NAME OF FATHER Mike Jaime11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Mexico12. MAIDEN NAME OF MOTHER Margaret Randall13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant
(Address) Mike Jaime
Minimukata Idaho15. Filed 4-2, 1931Registrar. W. J. Goodman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar
(Month)6
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Stillborn to

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Stillborn (at one month
before term) Blood test
of mother after birth gave
12 + Wasserman
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Goodman

M. D.

4-2, 1931. (Address) Rupert Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Rupert CemeteryMar 7 1931

20. Undertaker

Address

W. J. Goodman

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Pocatello
No. 134 to Bayfield

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
189528

Registration District No. 28 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 85
(If born in hospital or institution give name.)

FULL NAME OF CHILD Shelton
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>7</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimacy <u>yes</u>	Date of birth <u>2</u> <u>12</u> <u>1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living 1
Born alive but now dead 0 Stillborn 0

FULL NAME <u>Lee Amosworth</u>	FATHER	FULL MAIDEN NAME <u>Ruth Robinson</u>	MOTHER
--------------------------------	--------	---------------------------------------	--------

Residence (Usual place of abode) Pocatello Pocatello

If non-resident, give place and State _____

Color or race White Age at last Birthday 23 22
(Years) (Years)

Birthplace Leon, Ida Ballen Mont
(City and State or County) (City and State or County)

Occupation Mrs. Pocatello, Cal. Hwy Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11:50 P M.
on the date above stated.

(Signature) [Signature]

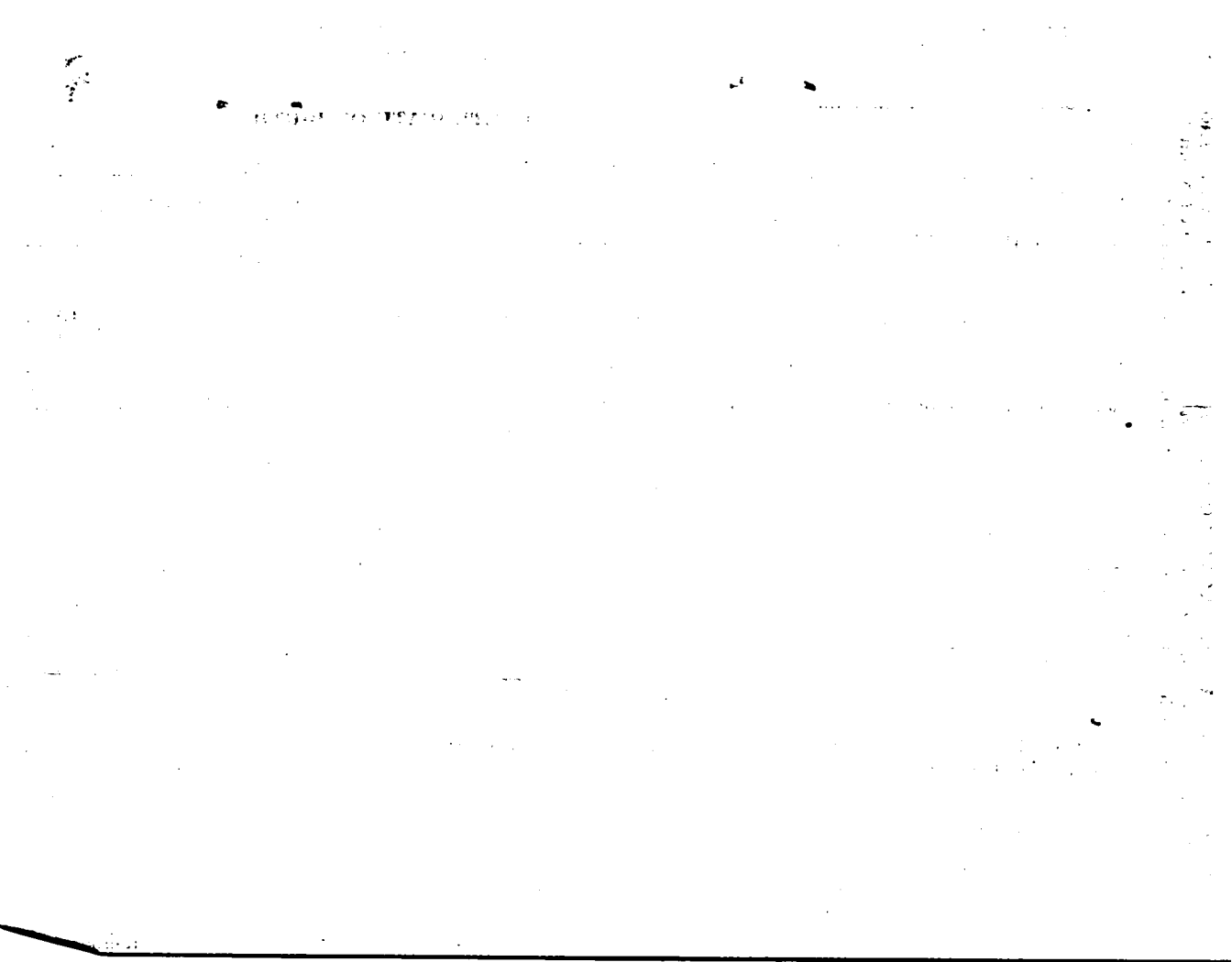
(Physician or midwife)

Address Pocatello Idaho

Filed 4-1 1931 D C Ray

Regl

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74181**

PLACE OF DEATH

County of **Ba nnoek**

CERTIFICATE OF DEATH

City of **Pocatello**

Registration District No. **38**

Primary Registration District No. **2161**

Local Registrar's No. **21**

(No. **Pocatello General Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Joan Ainsworth (Infant)**

(a) Residence. No. **Pocatello, Idaho.** St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **February 12, 1931**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still-Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **None**

(b) General nature of industry, business, or establishment in which employed (or employer) **Infant**

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Pocatello, Idaho.**

10. NAME OF FATHER **Lee R. Ainsworth**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Iowa**

12. MAIDEN NAME OF MOTHER **Ruth Parkinson**

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) **Montana**

14. Informant **Lee R. Ainsworth**
(Address) **145 So. Garfield Ave. Poca., Ida.**

15. Filed **2/13/31.** 19. **21** Registrar **D. Cray**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **February 12, 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from **2/12** 19**31**, to **2-12** 19**31**,
that I last saw her **Dead** - **2-12** 19**31**

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

abruptio placenta -

(duration) yrs. mos. ds.
CONTRIBUTORY **overturn (?)**
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **No** Date of **-**

Was there an autopsy? **No**

What test confirmed diagnosis? **clinical**

(Signed) **[Signature]** M. D.
2/13/31. 19. **21** (Address) **Pocatello, Ida.**

19. Place of Burial, Cremation, or Removal Date of Burial
Pocatello, Idaho. **2/14/31**

20. Undertaker **Arthur W. Hall** Address **Pocatello Idaho.**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications. as **Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

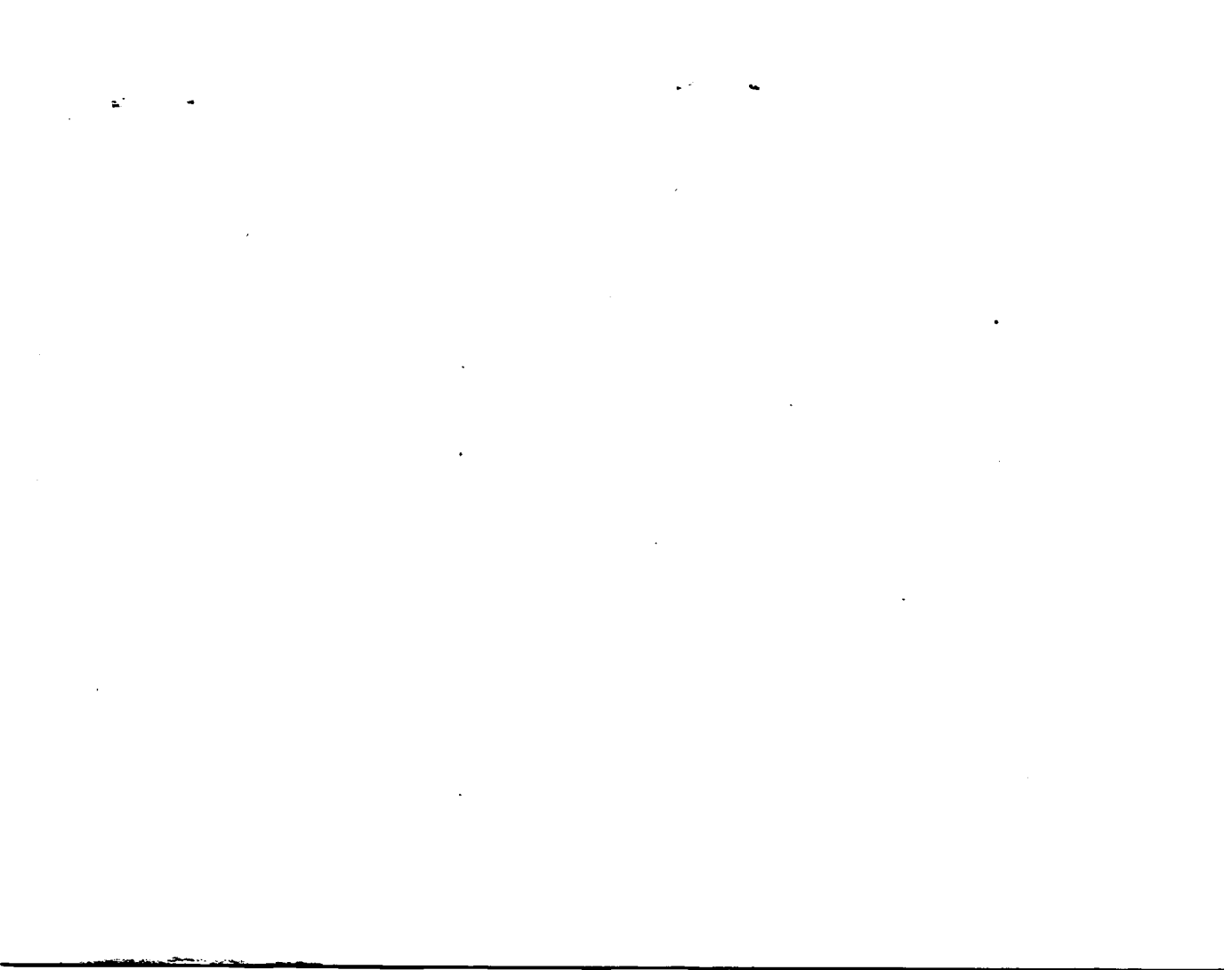
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. _____

74234

PLACE OF DEATH
County of Nes Perce.
City of Lewiston.

Registration District No. 96Primary Registration District No. 1009

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Carter.

(a) Residence. No. _____ St. _____

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) March 9th, 1931.

7. AGE Years Months Days If LESS than 1 day,
----- hrs. or
----- min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At home.

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.10. NAME OF FATHER
J. D. Carter.11. BIRTHPLACE OF FATHER (city or town) _____
(State or Country) Tenn.12. MAIDEN NAME OF MOTHER Dolly Runion.13. BIRTHPLACE OF MOTHER (city or town) _____
(State or County) Washington.14. Informant J. D. Carter
(Address) Lewiston, Idaho.15. Filed 3-16, 1931

J. M. Ryce
Reg.
Reg.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 9th, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 9, 1931, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

After Birth.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Burton - presentation
(Secondary) large after coming head.

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Chapman J. H. H. H., M. D.3/9/31., 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal Date of Burial

Troy, Idaho. 19____

20. Undertaker Address

Brower-Wann Company. Lewiston, Idaho.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE UPON UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

319 108627 681

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St. _____

St. Valentine Hospital

(If born in hospital or institution
give name.)

STATE OF IDAHO RECEIVED APR 9 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 State ID No. **189557**

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? _____ (To be answered only in event of plural births)	and {	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Mar 8</u> 19 <u>31</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

Number of child of this mother, including present birth. 18 (a) Born alive and now living _____

Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>Huber John Carlisle</u>	MOTHER FULL MAIDEN NAME <u>Lizzie Leona Harrow</u>
--	---

Residence (Usual place of abode) <u>Jerome Idaho</u>	Residence (Usual place of abode) <u>Jerome Idaho</u>
--	--

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>white</u> Age at last Birthday <u>37</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>26</u> (Years)
---	---

Birthplace <u>Utah</u> (City and State or County)	Birthplace _____ (City and State or County)
---	---

Occupation <u>Business</u>	Occupation _____
----------------------------	------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who [redacted] at 2 50 A. M. on the date above stated.

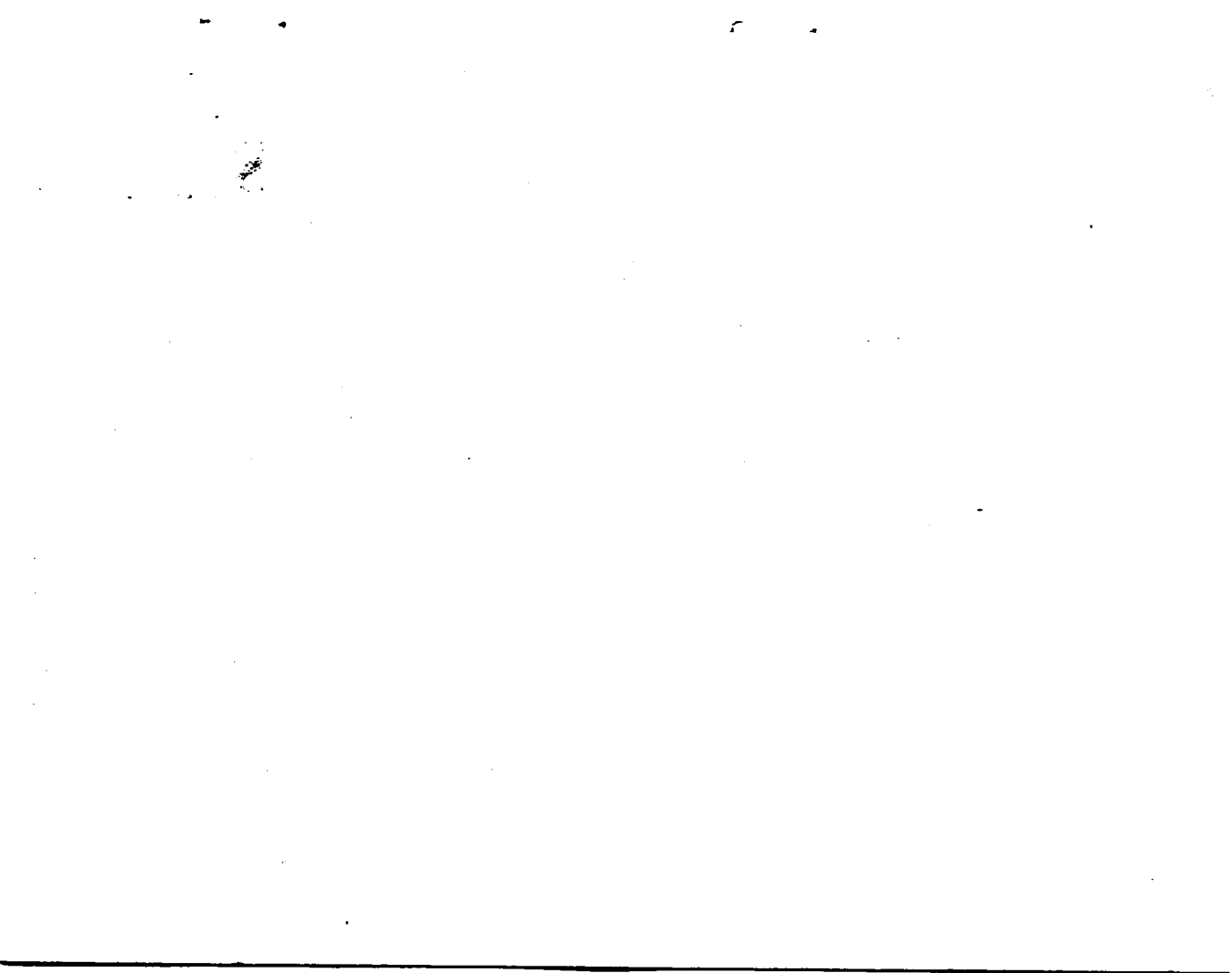
(Signature) Chas F Zeller

(Physician or midwife)

Address Jerome Idaho

Filed 3/9 1931 Chas F Zeller

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED APR 9 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74614**

PLACE OF DEATH

County of JeromeCity of JeromeRegistration District No. 18

Primary Registration District No. _____ Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Carlisle

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Infant</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Mar 8/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
-	-	-	-	-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Jerome Idaho
(State or country)10. NAME OF FATHER Heber John Carlisle11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)12. MAIDEN NAME OF MOTHER Lizzie Leona Harrison13. BIRTHPLACE OF MOTHER (city or town) Wash
(State or Country)14. Informant Lizzie Carlisle
(Address) Jerome Idaho15. Filed 3/9, 1931 Chas F Zeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Mar 8, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Premature twin infant

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. F. Zeller M. D.
3/15, 1931 (Address) Jerome Idaho19. Place of Burial, Cremation, or Removal Jerome Idaho Date of Burial 19

20. Undertaker _____ Address _____

PARENTS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS,** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cannock
City of Acateello
No. 3257 Buel St.

168-221-CD3155
(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 State File No. 189566

Prim. Registration District No. 2161 Local Registrar's No. 109

FULL NAME OF CHILD Stillborn Johnson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and <u> </u>	Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>Mar 21</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Agnes

Number of child of this mother, including present birth. 2 (a) Born alive and now living 1

Born alive but now dead Stillborn 1

FATHER	MOTHER
FULL NAME <u>Charles S Johnson</u>	FULL MAIDEN NAME <u>Melissae M Jenkins</u>
Residence (Usual place of abode) <u>3657 Buehl</u>	Residence (Usual place of abode) <u>325 Buel</u>

It non-resident, give place and State <u> </u>	If non-resident, give place and State <u> </u>
Color or race <u>White</u> Age at last Birthday <u>21</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>19</u> (Years)
Birthplace <u>Idaho</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>

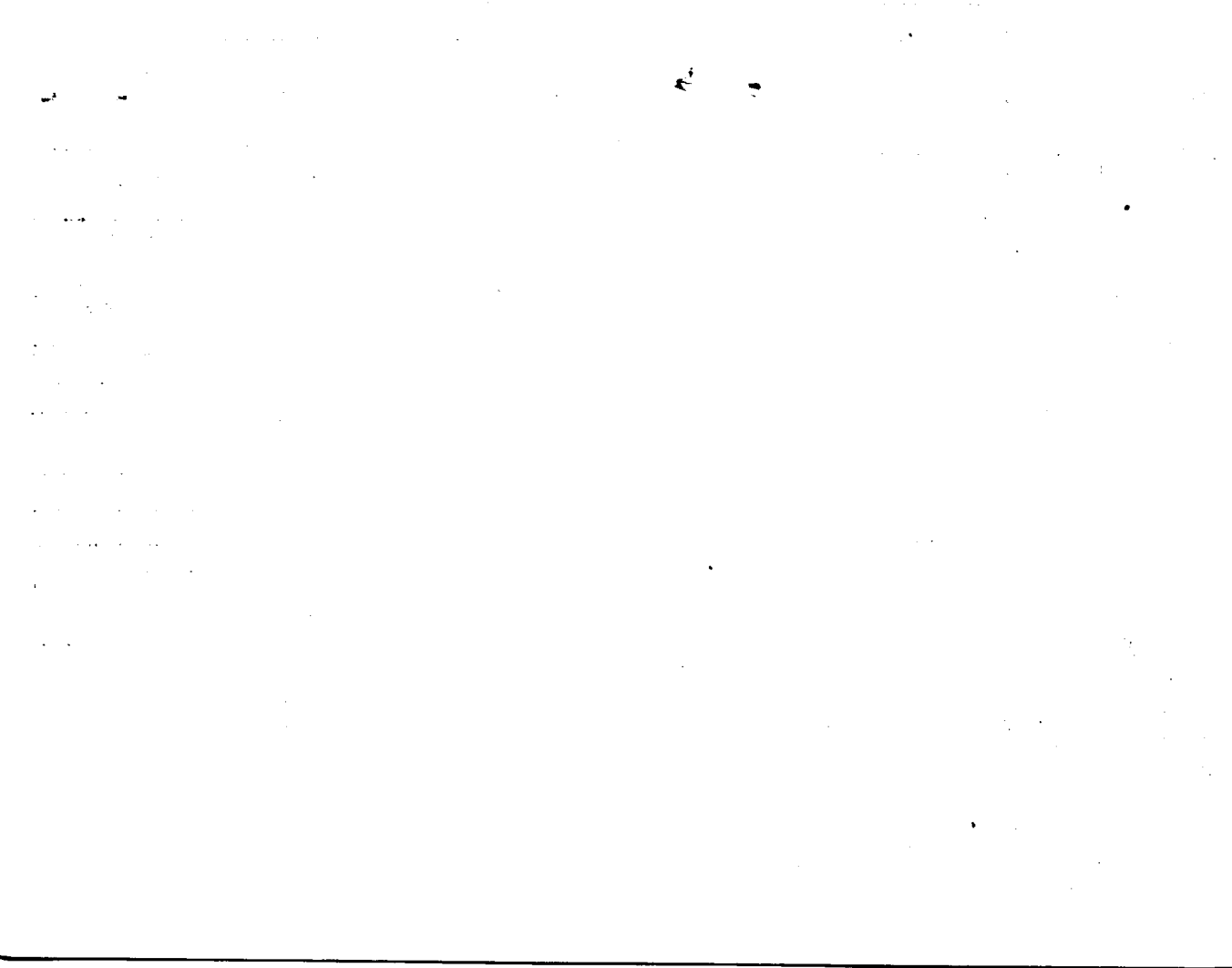
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at M.
on the date above stated.

(Signature) D. C. P. Johnson
Physician
(Physician or midwife)

Address Acateello, Idaho
Filed 4-1 1931 D. C. Ray
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bannock
City of Paratella

Registration District No. 28

Primary Registration District No. 2161

RECEIVED APR 9 1931

DO NOT WRITE IN THIS SPACE

74450

State File No.

Local Registrar's No. 49

2. FULL NAME

(a) Residence. No. 325 West Bush St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 20-31

7. AGE Years Months Days If LESS than 1 day, specify hours and minutes. Infant, Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) X

(c) Name of employer

9. BIRTHPLACE (city or town) Paratella
(State or country) Idaho

10. NAME OF FATHER Chas E. Johnson

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Marjorie Johnson

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant (Address) Lillian Perkins
325 W. Bush

15. Filed 3/22, 1931
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1931, to Mar 21, 1931

that I last saw him alive on Mar 21, 1931

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn
Monstrosity.
absence of log of food
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas E. Johnson M. D.
3/21, 1931 (Address) Paratella

19. Place of Burial, Cremation, or Removal Paratella Idaho Date of Burial 3/22/31

20. Undertaker H. L. McFar Address Paratella

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

189568

County of Camrock
City of Pocastille
No. 893-220003-863 St.Registration District No. 28 State File No. 189568(If born in hospital or institution
give name.) Lynn Bros HospitalPrim. Registration District No. 2161 Local Registrar's No. 106FULL NAME OF CHILD Betty Lou Hillman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>March 20</u> 19 <u>20</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Ag No 3 290Number of child of this mother, including present birth 1 (a) Born alive and now living yesBorn alive but now dead — Stillborn —

FATHER FULL NAME <u>Frank W Hillman</u>	MOTHER FULL MAIDEN NAME <u>Euradelyn Koleslaw</u>
--	--

Residence (Usual place of abode) Murdah IdahoIf non-resident, give place and State —Color or race White Age at last Birthday 22 (Years)Birthplace Luan Lake Idaho (City and State or County)Occupation LabourerIf non-resident, give place and State —Color or race White Age at last Birthday 24 (Years)Birthplace Brewer Iowa (City and State or County)Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:20 P. M. on the date above stated.

(Signature) J. W. Jones

(Physician or midwife)

Address Pocastille IdahoFiled 4-1 1931 D. C. Ray

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

MAR 15 1943

PLACE OF BIRTH

Form V. S. No. 11-25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BannockCity of PocatelloNo. 205 WilsonRegistration District No. 28S File No. 189572

419 117 003-336

Primary Registration District No. 2161Registered No. 104

Hospital

Full Name of Child

Everett Martin

SEX OF CHILD

MaleTwin
Triplet
or other?and Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?yesDATE OF
BIRTH3-17-31
(Month) (Day) (Year)FULL
NAMEFATHER Paul L. MartinFULL
MAIDEN
NAMEMOTHER Ethel D. Lloyd

RESIDENCE

205 Wilson

RESIDENCE

205 Wilson

COLOR

WhiteAGE AT LAST
BIRTHDAY38
(Years)

COLOR

WhiteAGE AT LAST
BIRTHDAY37
(Years)

BIRTHPLACE

Colorado

BIRTHPLACE

Idaho

OCCUPATION

Car man

OCCUPATION

Housewife

Number of child of this mother, including present birth..... Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....
on the date above stated.stillborn at 7:50 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

W. L. Lynn
phys.
(Physician or midwife)

Given names added from a supplemental report

19.....

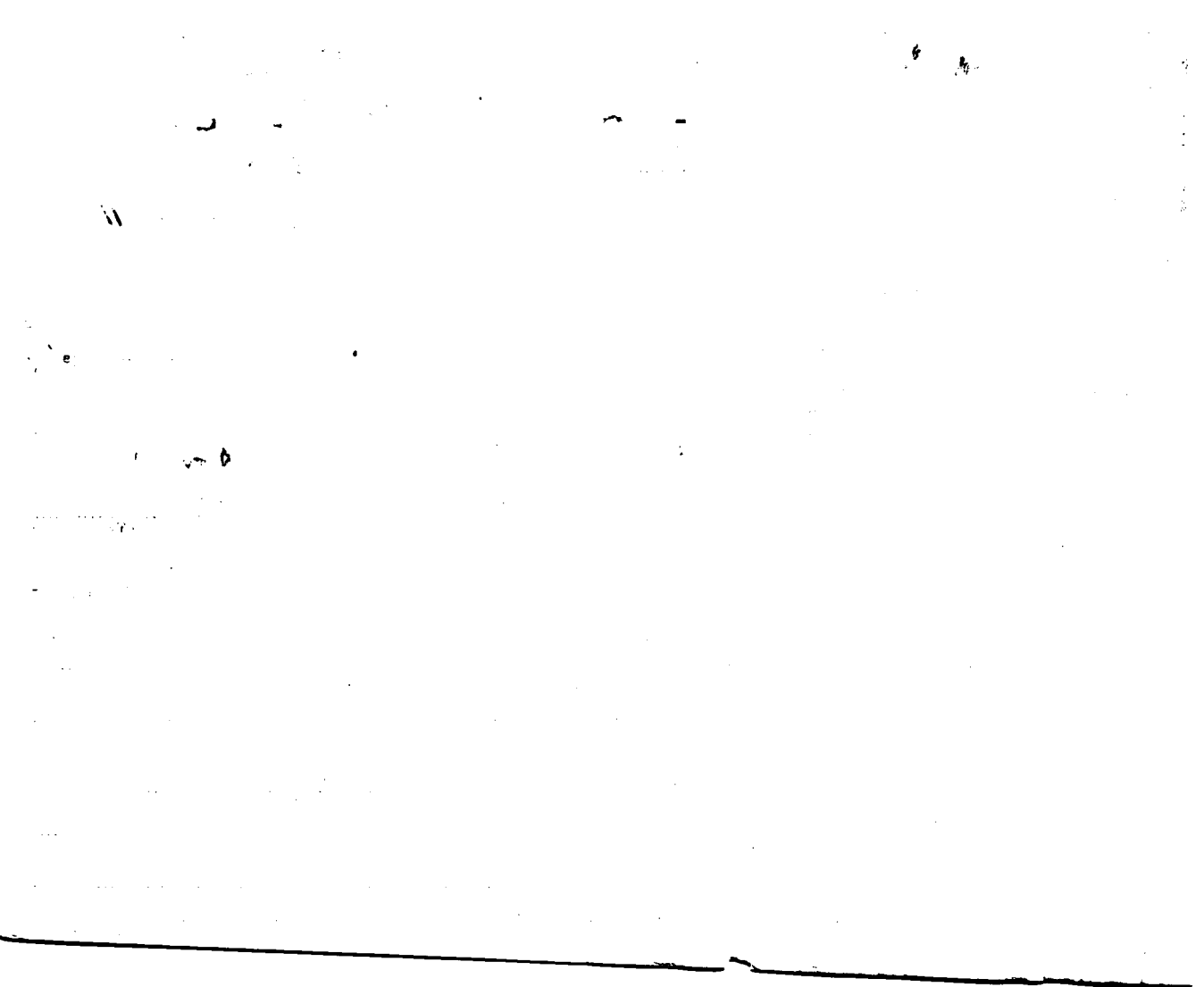
Address

Filed

Pocatello, Idaho
4-1-31

Registrar

Registrar



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74446**

PLACE OF DEATH
County of **Bannock**
City of **Pocatello**

CERTIFICATE OF DEATH

Registration District No. **28**
Primary Registration District No. **2161**
(No. **205 Wilson Ave.**)

Local Registrar's No. **43**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Infant Martin**(a) Residence. No. **205 Wilson Ave.** St.(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word.) **Single**

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Infant6. DATE OF BIRTH (month, day and year) **March 17, 1931**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still - Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **None**(b) General nature of industry, business, or establishment in which employed (or employer) **Infant**

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) **Pocatello, Idaho.**

10. NAME OF FATHER **Paul Martin**

11. BIRTHPLACE OF FATHER (city or town) (State or Country) **Denver**

12. MAIDEN NAME OF MOTHER **Ethel Lloyd**

13. BIRTHPLACE OF MOTHER (city or town) (State or County) **Pocatello**

14. Informant **Paul Martin**
(Address) **Pocatello, Idaho.**

15. Filed **3/18/31**, 19... **D C Ray**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **March 17, 1931.**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Mar 17 1931 to Mar 17 1931
that I last saw him/her on **Mar 17 1931**

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Shed Barn

CONTRIBUTORY **Shed Barn**
(Secondary)

18. Where was disease contracted **at home**
if not at place of death?

Did an operation precede death? **no** Date of.....Was there an autopsy? **no**What test confirmed diagnosis? **Examination**

(Signed) **D. C. Ray**, M. D.
3/18/31, 19... (Address) **Poca., Ida.**

19. Place of Burial, Cremation, or Removal
Mountain View Cemetery
Pocatello, Idaho.

Date of Burial
3/18/31

20. Undertaker
Arthur W. Hall

Address
Pocatello

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH **Current** **Complete** STATE OF IDAHO Jan. 1931
County of **Ft. Hall Reservation** DEPARTMENT OF PUBLIC WELFARE
City of **Idaho** BUREAU OF VITAL STATISTICS **S**
No. **756-219-006-355** St. **19**
Registration District No. **121** State File No. **189591**
(If born in hospital or institution give name.) Prim. Registration District No. **2194** Local Registrar's No. **93**
FULL NAME OF CHILD **Mary George**
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female	Twins { and { Number in order of birth or other? (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Jan. 19, 1931 (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? **- - - - -**
Number of child of this mother, including present birth **4** (a) Born alive and now living **I**
Born alive but now dead **3** Stillborn **0**

FULL NAME Sherman George	FULL MAIDEN NAME Edna Tendoy
Residence (Usual place of abode) Ft. Hall Reserv'n	Residence (Usual place of abode) Same
If non-resident, give place and State Shoshone	If non-resident, give place and State Shoshone
Color or race Ind 4/4 Age at last Birthday 26 (Years)	Color or race Ind. 4/4 Age at last Birthday 33 (Years)
Birthplace Ft. Hall Reservation (City and State or County)	Birthplace Lemhi Reservation (City and State or County)
Occupation Farming	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was **Stillborn** at **11:00** A. M.
on the date above stated.
No Doctor attending (Signature) **Henry R. Miller**
{ *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. } (Physician **Miller**)
Address **Ft. Hall, Idaho**
Filed **Mar. 29 31** **Mr. Walter E. P.** Registrar.

[illegible]

1. The following information was obtained from the records of the
 2. Federal Bureau of Investigation, Bureau of Prisons, and the
 3. Department of Corrections, State of New York, on the subject of
 4. the above named individual, who is a resident of the State of
 5. New York, and who is a member of the Federal Bureau of
 6. Investigation, Bureau of Prisons, and the Department of
 7. Corrections, State of New York, and who is a member of the
 8. Federal Bureau of Investigation, Bureau of Prisons, and the
 9. Department of Corrections, State of New York, and who is a
 10. member of the Federal Bureau of Investigation, Bureau of
 11. Prisons, and the Department of Corrections, State of New York,

1. NAME OF CHURCH
 2. NAME OF PASTOR
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 98. NAME OF CHURCH
 99. NAME OF CHURCH
 100. NAME OF CHURCH

1 hereby certify that I attended the trial
on the date above stated.

There were no standard physical examinations made of the prisoners at the time they were taken into custody. The only medical attention given to the prisoners was that of the prison doctor, who was a German. The prisoners were not given any medical attention until they were taken to the hospital in the city of Berlin. The prisoners were not given any medical attention until they were taken to the hospital in the city of Berlin.

1934
 DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF MARRIAGE
 No. 188774
 State of New York
 Marriage License No. 188774
 Local Registrar No. 188774

1. NAME _____
 2. DATE _____
 3. TIME _____
 4. LOCATION _____
 5. REMARKS _____
 6. SIGNATURE _____
 7. DATE _____
 8. TIME _____
 9. LOCATION _____
 10. REMARKS _____
 11. SIGNATURE _____
 12. DATE _____
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 14. LOCATION _____
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 219. LOCATION _____
 220. REMARKS _____
 221. SIGNATURE _____
 222. DATE _____
 223. TIME _____
 224. LOCATION _____
 225. REMARKS _____
 226. SIGNATURE _____

11:00 AM

~~CONFIDENTIAL~~

Ft. Hall Jurisdiction

Delayed

Complete

January 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74226

State File No.

PLACE OF DEATH

County of **Ft. Hall Reservation, Idaho** **CERTIFICATE OF DEATH**

City of

Registration District No. **121**

Primary Registration District No. **2194**

Local Registrar's No. **36**

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary George

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. **0** yrs. **0** mo. **0** da.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Shoshone Ind. 4/4	5. Single, Married, Widowed, or Divorced (write the word.) Single
-------------------------	--	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Jan. 19, 1931**

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Ft. Hall Reservation

PARENTS

10. NAME OF FATHER

Sherman George

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Ft. Hall Reservation

12. MAIDEN NAME OF MOTHER

Edna Tendoy

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Lemhi Reservation

14.

Informant (Address)

Sherman George

Ft. Hall, Idaho

15.

Filed **March 29, 1931**

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan. 19, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

No Doctor attending

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at **11: A** m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillbirth, caused by flu in the mother.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **No** Date of

Was there an autopsy? **No**

What test confirmed diagnosis?

(Signed)

Henry R. Wheeler, M.D.

(Address) **Ft. Hall, Idaho**

19. Place of Burial, Cremation, or Removal

Date of Burial

Presbyterian Mission Ft. Hall Reservation

1/21/31

20. Undertaker

Address

Sherman George, Ft. Hall, Idaho

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia," (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 189647

County of Idaho
City of Moscow
No. 842 E. 7th St.

Registration District No. 61 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1011 Local Registrar's No. 40

2. FULL NAME OF CHILD

Jamie Basil Drew
Not named (Stillborn)

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar. 24</u> , 1931 (MONTH, DAY, YEAR)
9. Full name <u>Basil William Drew</u>	FATHER		18. Full maiden name <u>Etta S. Eggen</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Ida.</u>	11. Color or race <u>W.</u>		12. Age at last birthday <u>32</u> (years)		20. Color or race <u>W.</u>
13. Birthplace (city or place) (State or country) <u>Appleton Wisconsin</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bus Driver</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Stage line</u>		21. Age at last birthday <u>32</u> (years)
16. Date (month and year) last engaged in this work <u>Apr. 1931</u>	17. Total time (years) spent in this work <u>8</u>		22. Birthplace (city or place) (State or country) <u>Seattle Wash.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		25. Date (month and year) last engaged in this work <u>Mar. 1931</u>		26. Total time (years) spent in this work <u>8</u>	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks } 29. Cause of stillbirth Complete hard knot in umbilical cord shutting off blood circulation Before labor yes During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Paula Enghaus, M. D.

or _____, Midwife

Give name added from a supplemental report _____

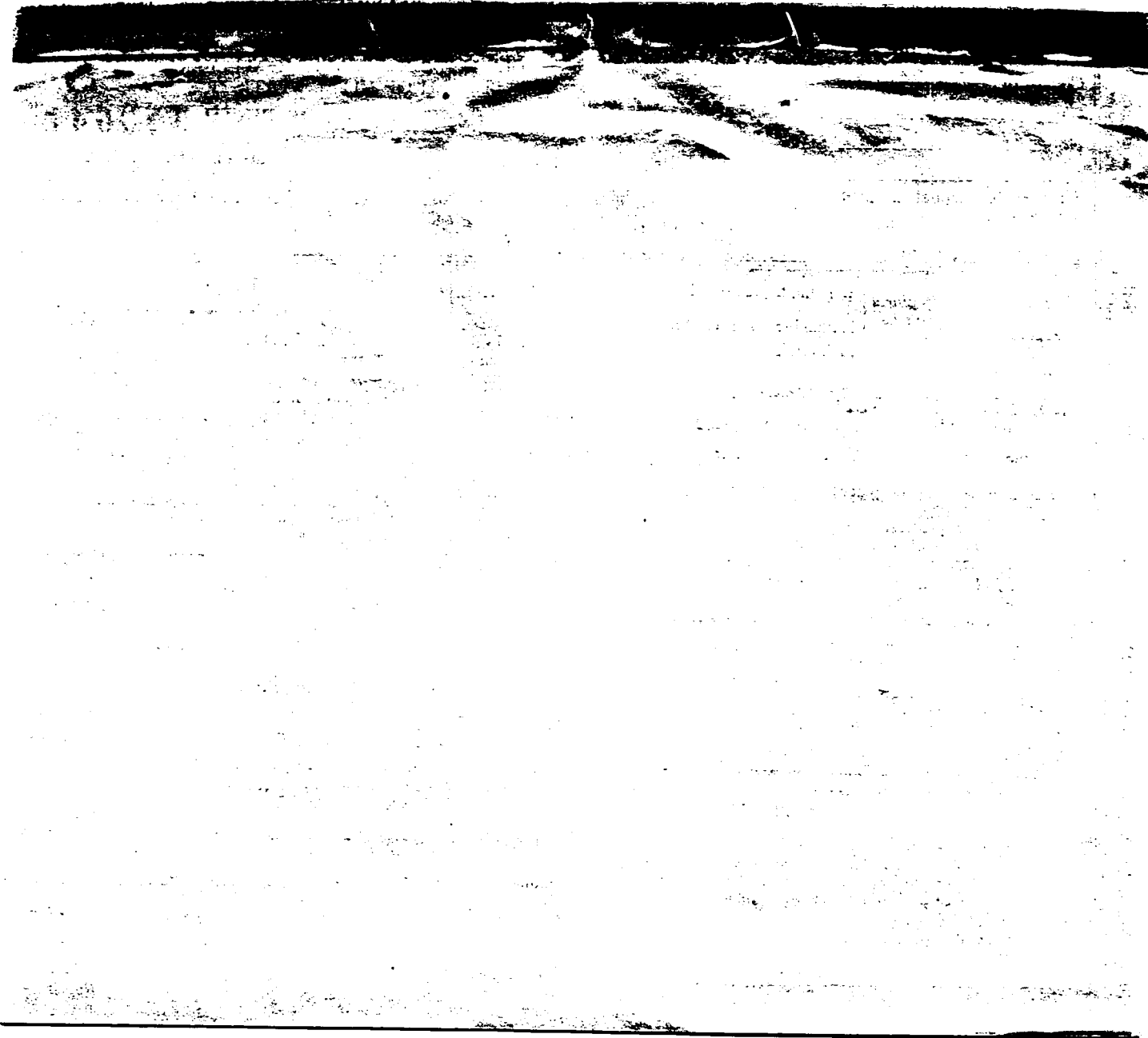
(DATE OF)

Address Moscow, Ida.

Filed 4-6, 1931 Paula Enghaus

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **74349**

PLACE OF DEATH

County of **Latah**

City of **Moscow**

Registration District No. **61**

Primary Registration District No. **1511**

Local Registrar's No. **17**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Drew (Stillbirth)**

(a) Residence. No. **Moscow, Idaho** St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Mar. 24, 1931**

7. AGE Years Months Days If LESS than 1 day,
Stillbirth hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Moscow**
(State or country)

10. NAME OF FATHER **Basil Wm. Drew**

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) **Apleton, Minn.**

12. MAIDEN NAME OF MOTHER
Etta S. Eggen

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) **Moscow, Idaho**

14. Informant **Basil Wm. Drew**
(Address) **Moscow, Idaho**

15. Filled **4-6**, 19**31**

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. **24** **1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* was as follows:

There was a complete knot tied in umbilical cord about 1/2 distance between mother & baby death due to shutting off circulation of blood in cord.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? **no** Date of _____

Was there an autopsy? **no**

What test confirmed diagnosis? **Obsequation**

(Signed) **J. J. E. E. E.** M. D.
Mar. 25, 19**31** (Address) **Moscow, Ida.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Moscow, Idaho

Mar. 25 **1931**

20. Undertaker

Address
Moscow, Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

997-130 021-819

PLACE OF BIRTH

County of

City of

No.

St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child

Twin
Triplet
or other?

and } Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?

Date of
birth

(Month)

(Day)

19. 31
(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth

(a) Born alive and now living

Born alive but now dead

Stillborn

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

Residence (Usual place of abode)

Residence (Usual place of abode)

If non-resident, give place and State

If non-resident, give place and State

Color or race

Age at last Birthday

Color or race

Age at last Birthday

Birthplace

(City and State or County)

Birthplace

(City and State or County)

Occupation

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

Born alive

Stillborn

at

(Signature)

(Physician or midwife)

Address

Filed

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

RECEIVED APR 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

189821

Registration District No. 27 State File No.

Prim. Registration District No. 2119 Local Registrar's No. 73

S

dup of 192324

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74516**

PLACE OF DEATH
County of Franklin
City of Preston

Registration District No. 27Primary Registration District No. 2119Local Registrar's No. 21(No. Gen. mem. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Baby Rigby206

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 3/30/31

7. AGE Years Months Days In LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Ida.
(State or country)10. NAME OF FATHER Charles Rigby11. BIRTHPLACE OF FATHER (city or town) Centerville Ut.
(State or Country)12. MAIDEN NAME OF MOTHER Mae Harris13. BIRTHPLACE OF MOTHER (city or town) ✓
(State or Country)14. Informant Mrs. Charles Rigby
(Address) Preston15. Filled 3/31/1931 U. R. Cutler
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 3/30/31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Still born
Pre maturity
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) O. R. Cutler M. D._____, 19____ (Address) Preston, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal _____ Date of Burial 3/30/1931

20. Undertaker ✓ Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho
City of Hazelton
No. R. R. 1 St.

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 State File No. 189841

Prim. Registration District No. 2085 Local Registrar's No. 123

FULL NAME OF CHILD

Stillborn Ulrich

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and <u> </u>	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>3 29 1931</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 10 (a) Born alive and now living 9

Born alive but now dead Stillborn

FATHER FULL NAME <u>Louis Ulrich</u>	MOTHER FULL MAIDEN NAME <u>Ida Werner</u>
---	--

Residence (Usual place of abode) Hazelton R. R.

If nonresident, give place and State

Color or race White Age at last Birthday 41 (Years)

Birthplace Missouri (City and State or Country)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7¹⁵ P. M.
on the date above stated.

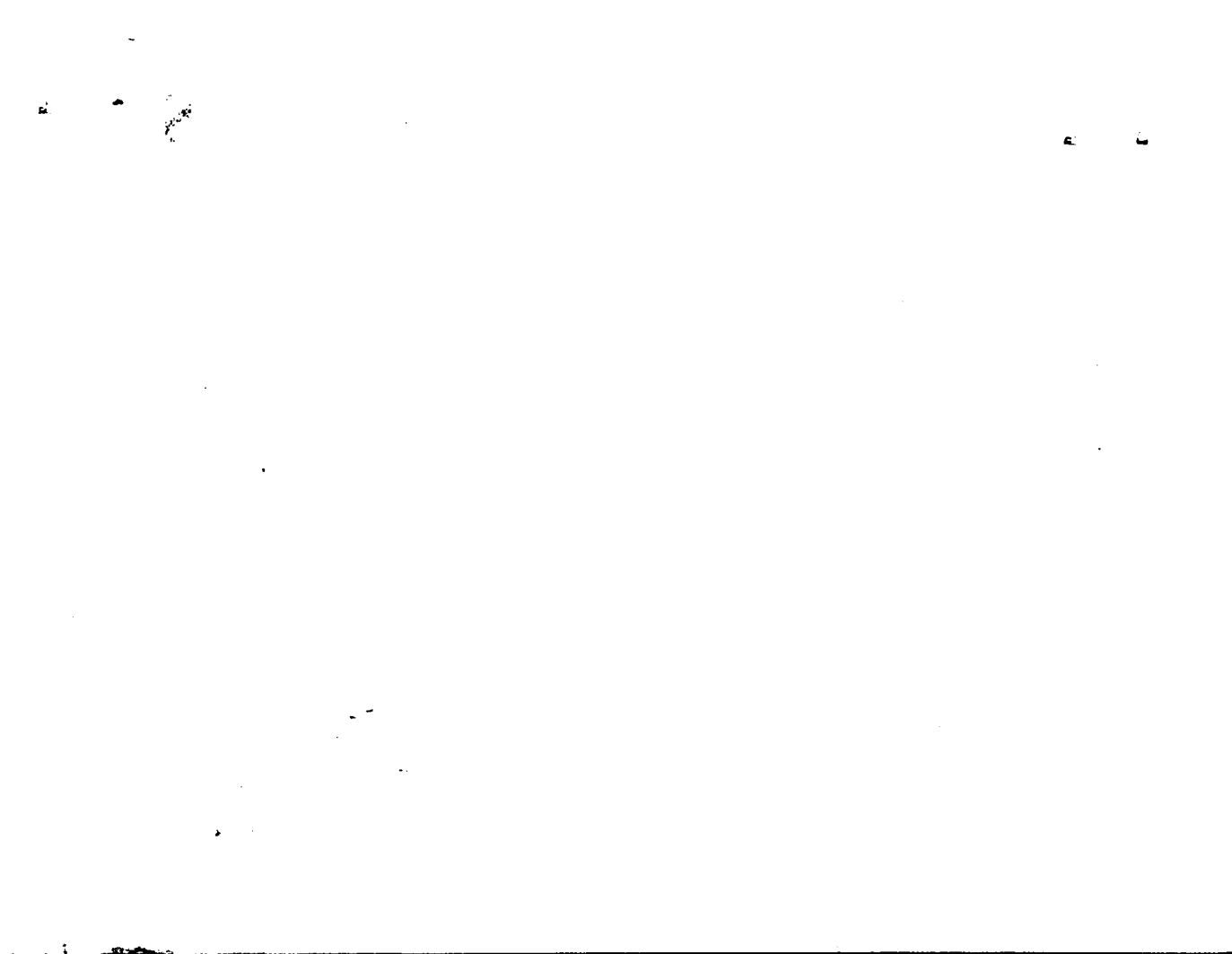
(Signature) H. P. Lund

(Physician or midwife)

Address Linn Falls Ida

Filed April 4 1931. Elizabeth J. Smith
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74239

State File No.

PLACE OF DEATH

County of BlaineCity of HaydenRegistration District No. 37Primary Registration District No. 2086Local Registrar's No. 62

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Ulrich(a) Residence. No. Hayden St.(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 27 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Hayden Ida.
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Ida.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ida.14. Informant Louis Ulrich
(Address) Hayden15. Filed April 2nd 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Mar. 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw her alive on never saw baby living
and that death occurred, on the date stated above, at 7 45 a.m.

The CAUSE OF DEATH was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY Baby dead when I
(Secondary) arrived in house yrs. mos. ds.18. Where was disease contracted
if not at place of death? at homeDid an operation precede death? no Date of 3-24-31Was there an autopsy? noWhat test confirmed diagnosis? Dr. Hill(Signed) H. E. Smith M. D.

_____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Lutheran Cemetery Mar 30 193120. Undertaker Hayden Ida. Address Ida.J. P. Froese Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated, unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such; if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 222 Jackson St.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

Registration District No. 37 State File No. 189847

(If born in hospital or institution
give name.)

Prim. Registration District No. 1085 Local Registrar's No. 122

FULL NAME OF CHILD Stillborn Christopherson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>3</u> <u>28</u> <u>1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 11 (a) Born alive and now living 9

Born alive but now dead 2 Stillborn _____

FATHER
FULL NAME Joseph A. Christopherson

MOTHER
FULL MAIDEN NAME Annie Lorensen

Residence (Usual place of abode) Twin Falls

Residence (Usual place of abode) Twin Falls

If nonresident, give place and State _____

If nonresident, give place and State _____

Color or race white Age at last Birthday 57
(Years)

Color or race white Age at last Birthday 46
(Years)

Birthplace Utah
(City and State or Country)

Birthplace Utah
(City and State or Country)

Occupation Lawyer

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at _____
on the date above stated. _____ 2 P. M.

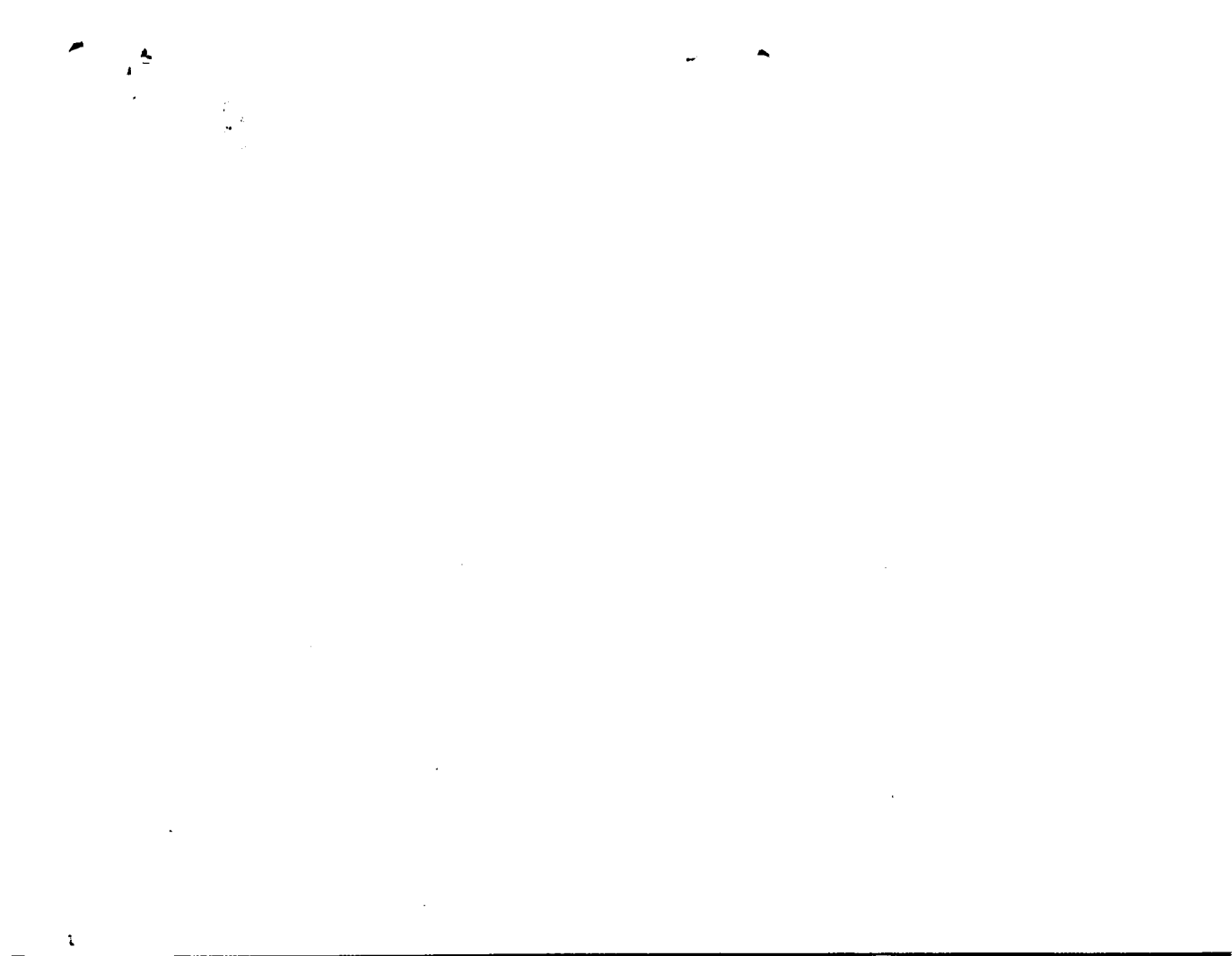
(Signature) H. E. Lamb

(Physician or midwife)

Address Twin Falls, Ida.

Filed April 4th 1931 Elizabeth J. Smith
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **74241**

PLACE OF DEATH

County of Twin FallsCity of Twin FallsRegistration District No. 37Primary Registration District No. 1085Local Registrar's No. 60(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Baby Christopherson(a) Residence. No. 1222 Jackson St. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Still born

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)10. NAME OF FATHER J. A. Christopherson11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Annie Sorenson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Idaho14. Informant J. A. Christopherson
(Address) 1222 Jackson St. Twin Falls Id.15. Filed April 4th, 1931 Elizabeth J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

March, 1931, to Still born, 1931
that I last saw him alive on Still born, 1931
and that death occurred, on the date stated above, at Still born m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary) mother died from ruptured gall bladder during confinement
(duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death? at homeDid an operation precede death? No Date of —Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. O. Benson, M. D.
4-2, 1931 (Address) Twin Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Twin Falls Ida Date of Burial 4-1 193120. Undertaker White Mortuary Address Twin Falls Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

413 129 201-313

PLACE OF BIRTH

County of Ada
City of Basin

No. St. Lopez St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate <u>ye</u>	Date of birth <u>Mar. 29</u> 19 <u>31</u>
				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 2 (a) Born alive and now living none

Born alive but now dead none Stillborn one

FATHER FULL NAME <u>Archie Ray Matthews</u>	MOTHER FULL MAIDEN NAME <u>Mildred Collette</u>
--	--

Residence (Usual place of abode)

If non-resident, give place and State Notick, Ida

Color or race White Age at last Birthday 22 (Years)

Birthplace McAd Idaho (City and State or County)

Occupation Farmer

Residence (Usual place of abode)

If non-resident, give place and State Basin

Color or race W Age at last Birthday 18 (Years)

Birthplace Barley Ida (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:15 P. M.
on the date above stated.

(Signature) Alfred J. M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that ~~never~~ breathes nor shows other evidence of life after birth.

Address 3-30 1931

Filed 1931

S

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

189901

CERTIFICATE OF BIRTH

RECEIVED APR 13 1931

Registration District No. 2 State File No. 138

Prim. Registration District No. 1000 Local Registrar's No. 138

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74303

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Luke's)

Local Registrar's No. 107

2. FULL NAME Stillbirth Matthews
(If death occurred in a hospital or institution, give its name instead of street and number.)
(a) Residence. No. St. Ustick, Ida
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

RECEIVED APR 13 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) Mar. 29, 1931
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Boise, Ida
(State or country)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 29, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased, from 3/29/31, 1931, to 3/29/31, 1931, that I last saw him still born, 1931, and that death occurred, on the date stated above, at 3/29/31 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Cord was three times around the child's neck.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Findings
(Signed) Dr. H. B. Edwards, M. D.
3/31/31, 1931 (Address) Boise, Ida

PARENTS
10. NAME OF FATHER Archie R. Matthews
11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)
12. MAIDEN NAME OF MOTHER Mildred Collins
13. BIRTHPLACE OF MOTHER (city or town) Ida
(State or Country)

14. Informant (Address) Archie R. Matthews

15. Filed 3-30-31 1931 W. H. Rhodes
Registrar.

19. Place of Burial, Cremation, or Removal Japlin Cemetery Date of Burial Mar. 31 1931
20. Undertaker A. R. Matthews Address Ustick, Ida
(Father)

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

269122001-719

PLACE OF BIRTH

County of ada

City of Paris

No. St Alphonsus St.

(If born in hospital or institution
give name.) Stillborn

FULL NAME OF CHILD Joseph St. Swift

Registration District No. 2 State File No. 189949

Prim, Registration District No. 1004 Local Registrar's No. 91

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>4</u>	Legiti- mate? <u>Y</u>	Date of birth <u>Feb 22</u> 19 <u>31</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead one Stillborn

FATHER FULL NAME <u>John Swift</u>	MOTHER FULL MAIDEN NAME <u>Helen Hard</u>
--	--

Residence (Usual place of abode) Paris

If non-resident, give place and State

Color or race White Age at last Birthday 37 (Years)

Birthplace Denver Colorado (City and State or County)

Occupation Commercial artist

If non-resident, give place and State

Color or race White Age at last Birthday 29 (Years)

Birthplace Normal Michigan (City and State or County)

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 320 P. M.
on the date above stated.

(Signature) L. H. Wahl

(Physician or midwife)

Address 515 East Main St.

Filed 3-4-31 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

123456
789012

DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION

Case File No.

Investigation District No.

Investigation Sub-District No.

Investigation Sub-Sub-District No.

Investigation Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-District No.

Investigation Sub-District No.

Investigation Sub-District No.

Investigation Sub-District No.

Investigation Sub-District No.

Investigation Sub-District No.

Address

City

State

Zip

There were no attending physicians
and the patient was not
admitted to the hospital
until the latter part of
the day. The patient was
in the hospital for a
short time and was
discharged on the same
day.

It was found that the patient
was not in the hospital
at the time of the
incident. The patient was
in the hospital for a
short time and was
discharged on the same
day.

The patient was not in the
hospital at the time of the
incident. The patient was
in the hospital for a
short time and was
discharged on the same
day.

The patient was not in the
hospital at the time of the
incident. The patient was
in the hospital for a
short time and was
discharged on the same
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hospital at the time of the
incident. The patient was
in the hospital for a
short time and was
discharged on the same
day.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAR 5 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74018 ✓

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Alphonsus Hospital)
Local Registrar's No. 51

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Joseph Swift

(a) Residence. No. Boise, Ida. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) February 22-1931

7. AGE Premature 8 mo 8 mo gestation
Years Months Days
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Ida.
(State or country)

10. NAME OF FATHER John Swift

11. BIRTHPLACE OF FATHER (city or town) Denver, Colo.
(State or Country)

12. MAIDEN NAME OF MOTHER Helen Gard

13. BIRTHPLACE OF MOTHER (city or town) Mich.
(State or Country)

14. Informant (Address) John T. Swift

15. Filed 2-24-31 R. H. Boice Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Premature macerated fetus (8 mo) born dead.
Dead, about 10 days prior to birth.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

that I last saw him alive on, 19

and that death occurred, on the date stated above, at, m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and, (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Stated in The CAUSE OF DEATH was as follows: utero.

Toxemia of Pregnancy.

Born prematurely (8 mo)

Still birth, dead about 10 days

previous to premature birth

CONTRIBUTORY acute nephritis and Toxemia of mother.

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? macerated fetus and placenta

(Signed) J. H. Boice, M. D.

2/23/31, 19 (Address) 515 S. 1st St. Boise, Idaho

19. Place of Burial, Cremation, or Removal St. John's Cemetery Date of Burial 2/23 1931

20. Undertaker Schuler & W. Carson Boise

Address

Wable.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County Bonneville
City of
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH
RECEIVED APR 13 1931
73 189980

(If born in hospital or institution
give name.)

Registration District No. State File No.

Prim. Registration District No. 2150 Local Registrar's No. 1047

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mates	Date of birth <u>March 12/31 19</u> (Month) (Day) (Year)
-------------------------------	---	---	------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth... 1 (a) Born alive and now living 0

Born alive but now dead..... Stillborn

FATHER	MOTHER
FULL NAME <u>James G. Robinson</u>	FULL MAIDEN NAME <u>Edrie Godfrey</u>
Residence (Usual place of abode) <u>Bonneville, County</u>	Residence (Usual place of abode) <u>Bonneville County</u>
It non-resident, give place and State.....	It non-resident, give place and State.....
Color or race <u>White</u> Age at last Birthday <u>26</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>26</u> (Years)
Birthplace <u>Colorado</u> (City and State or County)	Birthplace <u>?</u> (City and State or County)
Occupation <u>Farm laborer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 11 P. M.
on the date above stated.

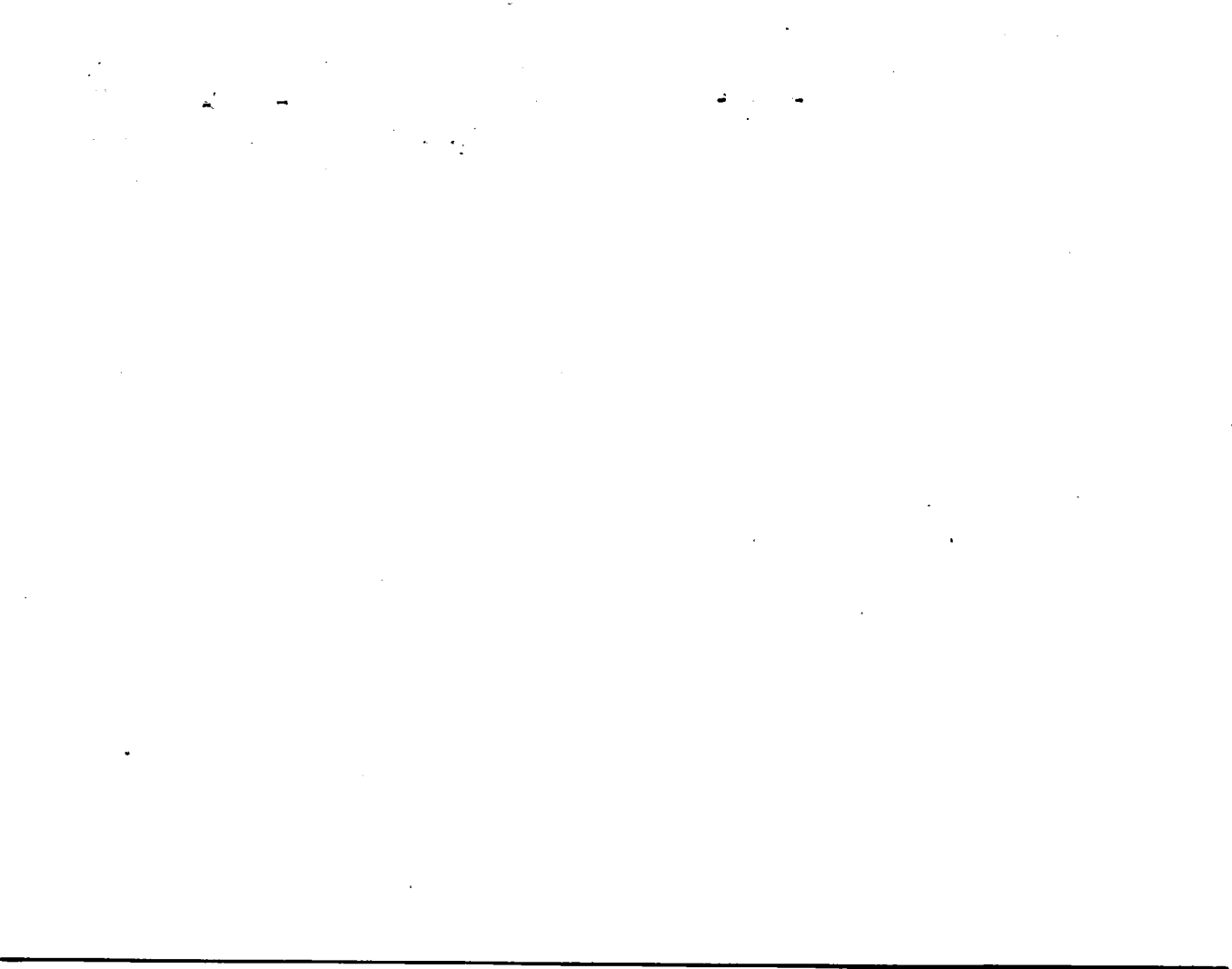
(Signature) * Arthur B. Koch

(Physician or midwife)

Address Danah Falls, Idaho

Filed Mar 14 1931 W. J. Quinn
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74285

State File No. _____

PLACE OF DEATH

County of Bonneville

City of _____

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2150

(No. _____)

Local Registrar's No. 54

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth - Robinson

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word.) —
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) March 12, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	0	0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Bonneville County, Ida.
(State or country)10. NAME OF FATHER
James G. Robinson11. BIRTHPLACE OF FATHER (city or town) Colorado
(State or Country)12. MAIDEN NAME OF MOTHER Edrie Godfrey13. BIRTHPLACE OF MOTHER (city or town) ?
(State or Country)14. Informant (Address) Arthur B. Fish
Idaho Falls, Idaho15. Filed 14, 1931 Edrie Godfrey
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 12, 1931, 19____
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Breech presentationNo medical attention.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Arthur B. Fish, M. D._____, 1931 (Address) Idaho Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Bonneville County, Mar 13 1931

20. Undertaker

Address

None

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho
No. 66612-010-434 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

RECEIVED APR 13 1931

L. D. S. Hospital
(If born in hospital or institution
give name.)

Registration District No. 73 State File No. 189985

Prim. Registration District No. 1-1-2 Local Registrar's No. 117

FULL NAME OF CHILD

Ralph H

Fowler

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male Twin Triplet or other? and Number in order of birth 1
Legitimate? Yes Birth Mar. 12 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argylol

Number of child of this mother, including present birth. 5 (a) Born alive and now living 3

Born alive but now dead. 1 Stillborn 1

FATHER
FULL NAME Ira Roy Fowler

MOTHER
FULL MAIDEN NAME Lillian McDaniel

Residence (Usual place of abode) Driggs, Idaho

Residence (Usual place of abode) Driggs, Idaho

If non-resident, give place and State

If non-resident, give place and State

Color or race White Age at last Birthday 3
(Years)

Color or race White Age at last Birthday 41
(Years)

Birthplace Lehi, Utah
(City and State or County)

Birthplace Alpine, Utah
(City and State or County)

Occupation Plumber

Occupation Beauty Specialist

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 4:03 P. M.
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Idaho Falls, Idaho

Filed 4-17 1931 [Signature]

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OCT 10 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. **74287**

PLACE OF DEATH

County of Bonneville
City of 2nd St Falls

CERTIFICATE OF DEATH

Registration District No. 73
Primary Registration District No. 73
(No. L. V. S. Hospital)

Local Registrar's No. V-2

(If death occurred in a hospital or institution, give its name instead of place and number.)

2. FULL NAME Ralph Fowler

(a) Residence. No. Chigger, Idaho St. Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 12, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

10. NAME OF FATHER John R. Fowler

11. BIRTHPLACE OF FATHER (city or town) Idaho Falls, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Lillian M. McQuinn

13. BIRTHPLACE OF MOTHER (city or town) Idaho Falls, Idaho
(State or Country)

14. Informant Wm. John R. Fowler
(Address) Chigger, Idaho

15. Filled Mar 17, 1931 Registrar Wm. J. McQuinn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1931 to March 12, 1931
that I last saw him alive on March 12, 1931
and that death occurred, on the date stated above, at 4:03 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Prolapsus Cordis

(duration) yrs. mos. ds.
CONTRIBUTORY Exhausting Labor
(Secondary) very large baby
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? yes Instrumental Del.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. J. McQuinn M. D.

Mar 13, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Chigger, Idaho Date of Burial Mar 15, 1931

20. Undertaker Clark G. Wood Address Idaho Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as Day laborer. Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

Registrar

THROUGH THE MIDDLE OF THE NIGHT—NOT DISCOVERED UNTIL 7:15 AM. AT THAT TIME THE BODY WAS FOUND IN THE MIDDLE OF THE STREET. THE BODY WAS NOT IDENTIFIED AT THE TIME OF THE DISCOVERY. THE BODY WAS FOUND IN THE MIDDLE OF THE STREET. THE BODY WAS NOT IDENTIFIED AT THE TIME OF THE DISCOVERY.

County of _____
 City of _____
 No. _____
 Date of Birth _____
 If born in hospital or institution _____
 Give number _____

FILE NAME OF CHILD

STATE OF IOWA
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 Registration District No. _____
 State File No. _____
 Birth Registration Number No. _____

I, _____, Registrar, do hereby certify that the above information was obtained from the _____
 (Name of Hospital or Institution)
 Date of Birth _____
 Birth _____
 (Month) (Day) (Year)
 Sex _____
 Color _____
 (This space is to be filled in by the Registrar)

What prophylactic was used to prevent syphilis? _____
 Number of child of this mother including those not living _____
 Born alive and now living _____
 Born alive but now dead _____

Name of Father _____
 Name of Mother _____
 Name of Child _____
 Name of Child _____
 Name of Child _____

Name of Child _____
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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74329 ✓

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1044(No. St. Luke's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. 423 South 13th

St.

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

March 13th 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
.....hrs. or
.....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Boise, Ida

10. NAME OF FATHER

Chas. A. Logan11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Vina Minkel13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Keo.

14.

Informant
(Address)Chas. A. Logan

15.

Informant
(Address)423 S 13th BoiseFiled 3-16 1931W. W. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 13th

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 13th 1931, to March 13th 1931that I last saw him alive on March 13th 1931and that death occurred, on the date stated above, at 6 P.M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:This carriage of a 6' young
foetus. - Cesarean section.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Anemia and infected fetus.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

3-14 1931 (Address) Boise, Ida

19. Place of Burial, Cremation or Removal

Date of Burial

Marion Hill Cemetery3/16 1931

20. Undertaker

Address

Schreiber & W. BaumBoise

John Book.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B.—In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-111003-395
PLACE OF BIRTH **Barnock**
County of _____
City of **Pocatello**
No. **St. Anthony Hospital**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **190156**

Registration District No. **28** State File No. _____
Prim. Registration District No. **2161** Local Registrar's No. **127**

(If born in hospital or institution give name.)
FULL NAME OF CHILD **Gerald Lee Filer**
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male	Twin Triplet or other? _____	Number in order of birth _____	Legitimate? yes.	Date of birth 4-11-1931 (Month) (Day) (Year)
--------------------------	------------------------------	--------------------------------	-------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth **1** (a) Born alive and now living **0**
Born alive but now dead **0** Stillborn **1**

FATHER FULL NAME Frank Gould Filer Residence (Usual place of abode) 333 No. 6th, If non-resident, give place and State _____ Color or race White Age at last Birthday 23 (Years) Birthplace Twin Falls Idaho (City and State or County) Occupation Machinist	MOTHER FULL MAIDEN NAME Ruth Laura Lintelmann Residence (Usual place of abode) 333 No. 6th, If non-resident, give place and State _____ Color or race White Age at last Birthday 23 (Years) Birthplace Green Bay, Wisc. (City and State or County) Occupation Housewife
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born alive.** at **7:00** **A.** M. on the date above stated.

(Signature)

William F. Howard

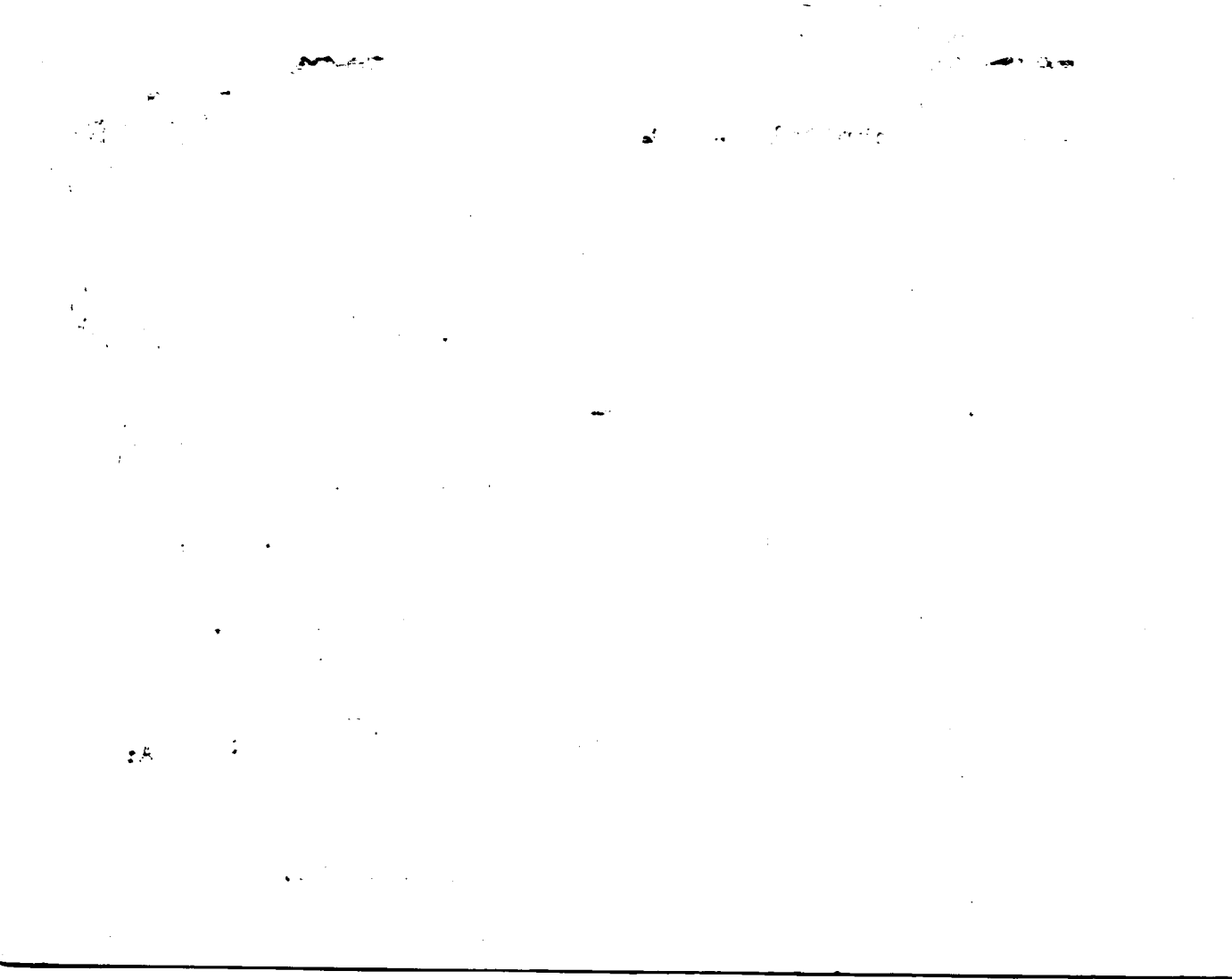
(Physician or midwife)

Address **Pocatello, Idaho.**

Filed **5-1-1931**

D. C. Ray
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 74684

PLACE OF DEATH

County of BannockCity of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 3161(No. St. Anthony's Hosp.)Local Registrar's No. 60

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Gerald Lee Hiles(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. Single, Married, Widowed,
or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 14, 1931

7. AGE

Years

Months

Days

If less than 1 day,
hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work none(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Pocatello, Idaho10. NAME OF FATHER Frank Hiles11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Ruth Lintner13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Wisconsin

14.

Informant
(Address) Frank Hiles

15.

Filed Apr. 11, 1931

1931

D C R

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 11, 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 11, 1931, to Apr. 11, 1931that I last saw Still born 19.
and that death occurred, on the date stated above, at 7 a. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows
Still born exhaustion
and forceps delivery(duration) yrs. mos. ds. 0CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. 018. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) William T. HowardApr. 11, 1931 (Address)

19. Place of Burial, Cremation, or Removal Date of Burial

Pocatello, Idaho Apr. 11, 1931

20. Undertaker

McHandorf & Co. Pocatello

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

Dr. Howard Garrison
1884

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake
City of Mojave
No. St.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

190229

Registration District No. 52 State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. 2132 Local Registrar's No.

FULL NAME OF CHILD

Stillbirth Jewett
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and	Number in order of birth <u> </u>	Legiti- mate <u>Yes</u>	Date of birth <u>2 - 1</u> <u>1902</u> (Month) (Day) (Year)
--------------------------	--	-----	--	----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 6 (a) Born alive and now living 4

Born alive but now dead 2 Stillborn

FATHER FULL NAME <u>Leaman P. Jewett</u>	MOTHER FULL MAIDEN NAME <u>Nettie Soennessen</u>
---	---

Residence (Usual place of abode) Mojave

If non-resident, give place and State

Color or race white Age at last Birthday 30 (Years)

Birthplace Idaho (City and State or County)

Occupation Rancher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 8.30 P. M. on the date above stated.

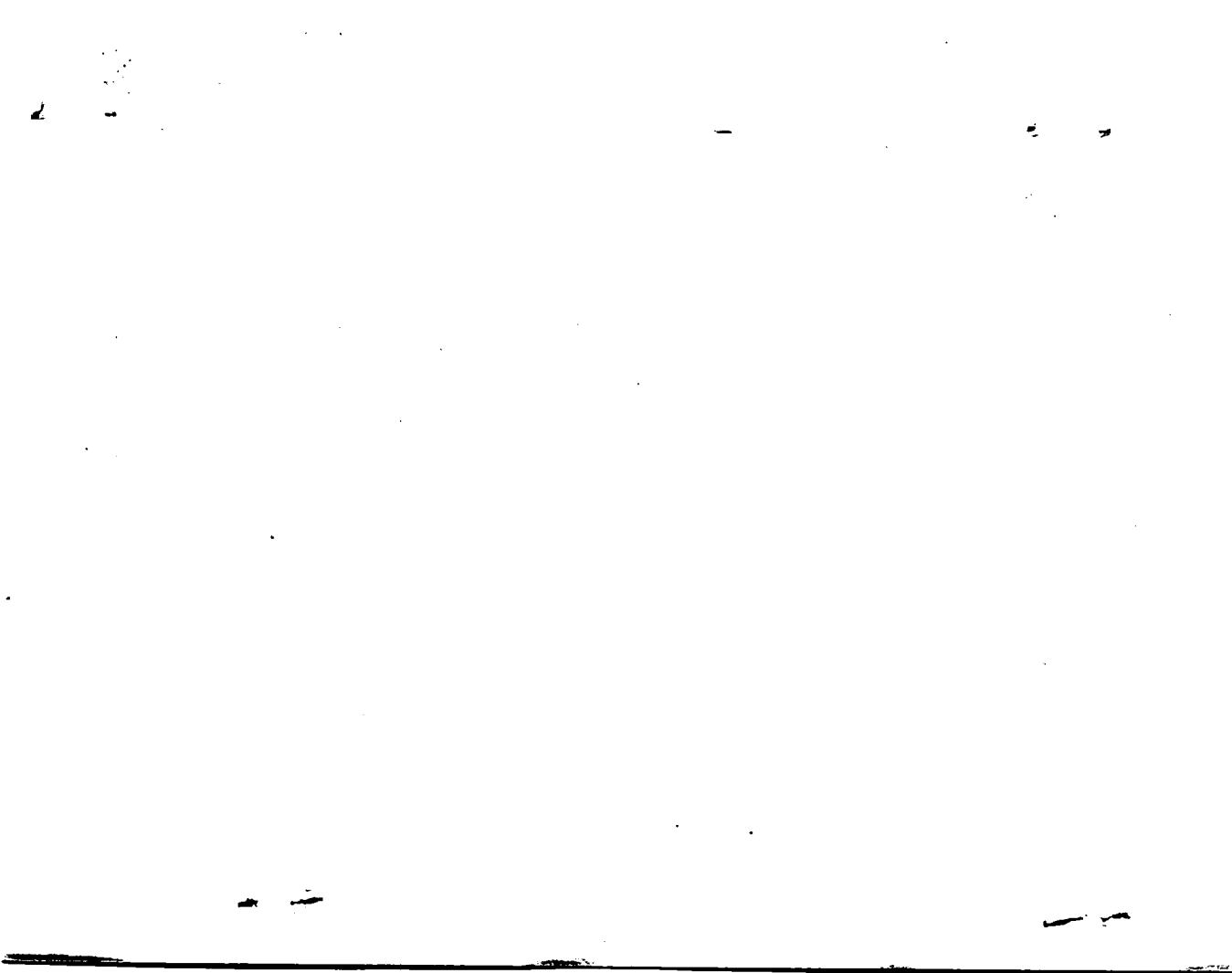
(Signature) L. P. Galst

(Physician or midwife)

Address Mojave, Id.

Filed 5/1/31 1931 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

74712

State File No.

Local Registrar's No.

PLACE OF DEATH
County of Bear Lake
City of Nounan

Registration District No. 52

Primary Registration District No. 231

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Jewett Nounan St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 2-1-31

7 AGE Still Born Infant Years Months Days If LESS than 1 day. hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Nounan
(State or country)

10 NAME OF FATHER Seaman G. Jewett

11 BIRTHPLACE OF FATHER (city or town) Idaho
(State or country)

12 MAIDEN NAME OF MOTHER Betty Sorensen

13 BIRTHPLACE OF MOTHER (city or town) Wisconsin
(State or country)

14 Informant Seaman G. Jewett
(Address) Nounan Idaho

15 Filled 5/1/31 Nothing
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
2 1 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Still Born Infant
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) J. F. Gaertner M. D.

19 (Address) Montpelier

*State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Nounan Id Date of Burial 2/1/31

20. Undertaker Reph. Starnes Address Nounan

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner
City of Priest River
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190298

Registration District No. 85 State File No. _____
Prim. Registration District No. 2/85 Local Registrar's No. 18
FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>April 8</u> 19 <u>31</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 3 (a) Born alive and now living 1
Born alive but now dead One Stillborn 1

FATHER	MOTHER
FULL NAME <u>Emil Johnson</u>	FULL MAIDEN NAME <u>Beatrice Lincher</u>
Residence (Usual place of abode) <u>Priest River, Ida.</u>	Residence (Usual place of abode) <u>Priest River, Ida.</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>37</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>35</u> (Years)
Birthplace <u>Sweden</u> (City and State or County)	Birthplace <u>Kansas City, Kansas</u> (City and State or County)
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

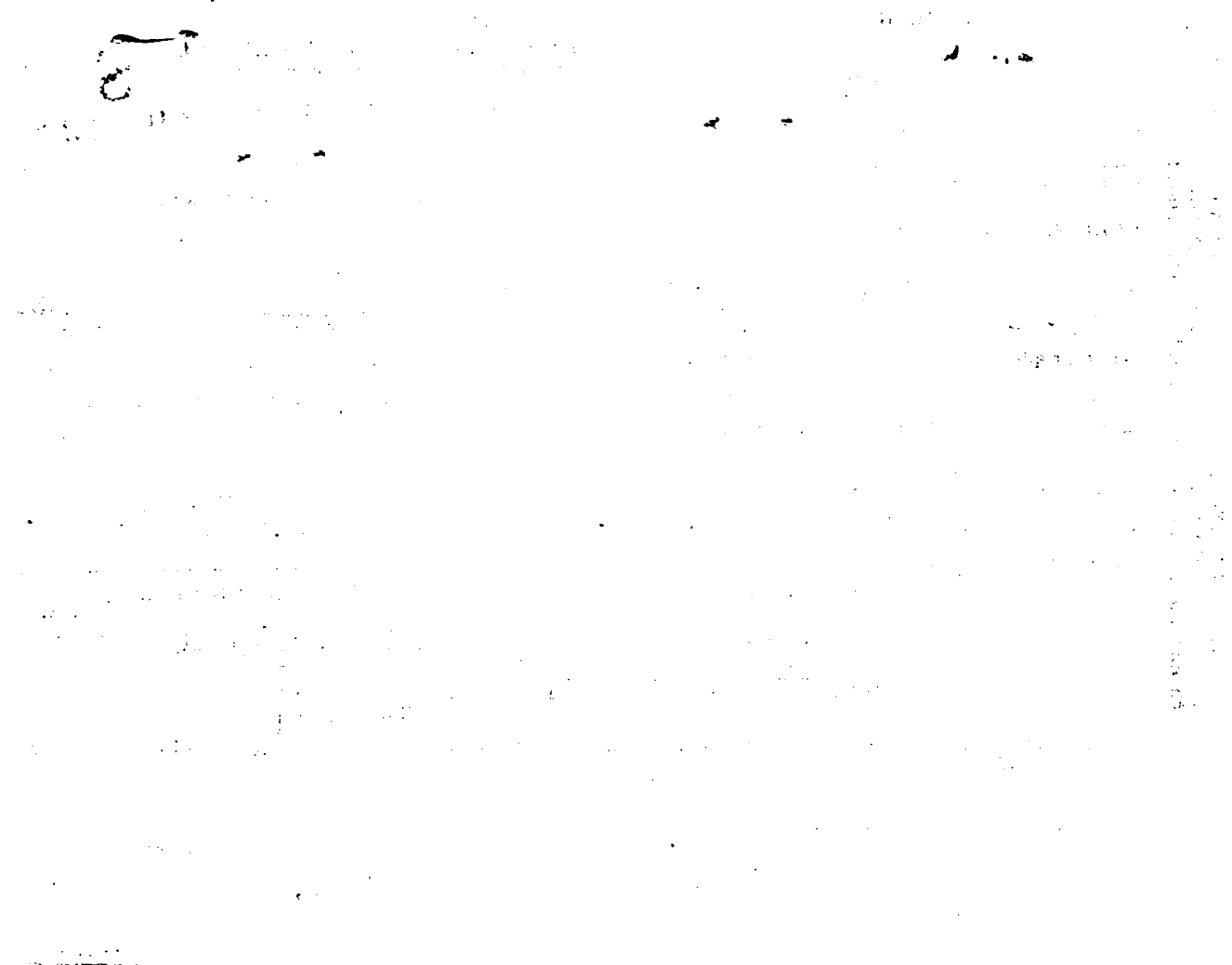
I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 P. M.
on the date above stated.

(Signature) Harold C. Loney, M.D.
(Physician or midwife)

Address Priest River, Idaho

Filed Apr. 16 1931 H. E. Wessa
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 6 1931

DO NOT WRITE IN THIS SPACE

State File No.

74764

PLACE OF DEATH

County of Bonner
City of Priest River

CERTIFICATE OF DEATH

Registration District No. 85Primary Registration District No. 2185

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Norma Marie Johnson

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. Single. Married. Widowed.
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 8, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Idaho

10. NAME OF FATHER

Emil Johnson11. BIRTHPLACE OF FATHER (city or town) Asebyfors
(State or Country) Sweden12. MAIDEN NAME OF MOTHER Beatrice Tincher13. BIRTHPLACE OF MOTHER (city or town) Kansas City
(State or Country) Kansas14. Informant Emil Johnson(Address) Priest River, Idaho

15.

Filed Apr 9, 1931J. E. Wessa
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 8, 1931

(Month)

(Day)

19...
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 7, 1931, to April 8, 1931that I last saw her alive on April 8, 1931and that death occurred, on the date stated above, at 6:15 P. M.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Stillborn(duration) yrs. mos. ds.
CONTRIBUTORY Birth Injuries
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? NoWhat test confirmed diagnosis? Findings(Signed) Harold C. Stoney, M. D.4-9-, 1931 (Address) Priest River, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

I.O.O.F. Cemetery4/9/31 19

20. Undertaker

Address

Moon MortuaryPriest River.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner
City of Priest River
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
190302

(If born in hospital or institution
give name.)

Registration District No. 85 State File No. _____

Prim. Registration District No. 2185 Local Registrar's No. 14

FULL NAME OF CHILD Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Apr.</u> <u>5</u> <u>1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn One

FATHER	MOTHER
FULL NAME <u>Earl Alford</u>	FULL MAIDEN NAME <u>Rosie Golden</u>
Residence (Usual place of abode) <u>Priest River, Ida.</u>	Residence (Usual place of abode) <u>Priest River, Ida.</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>23</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>22</u> (Years)
Birthplace <u>Tennessee</u> (City and State or County)	Birthplace <u>Washington</u> (City and State or County)
Occupation <u>Laborer</u>	Occupation <u>House Wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:00 A. M.
on the date above stated.

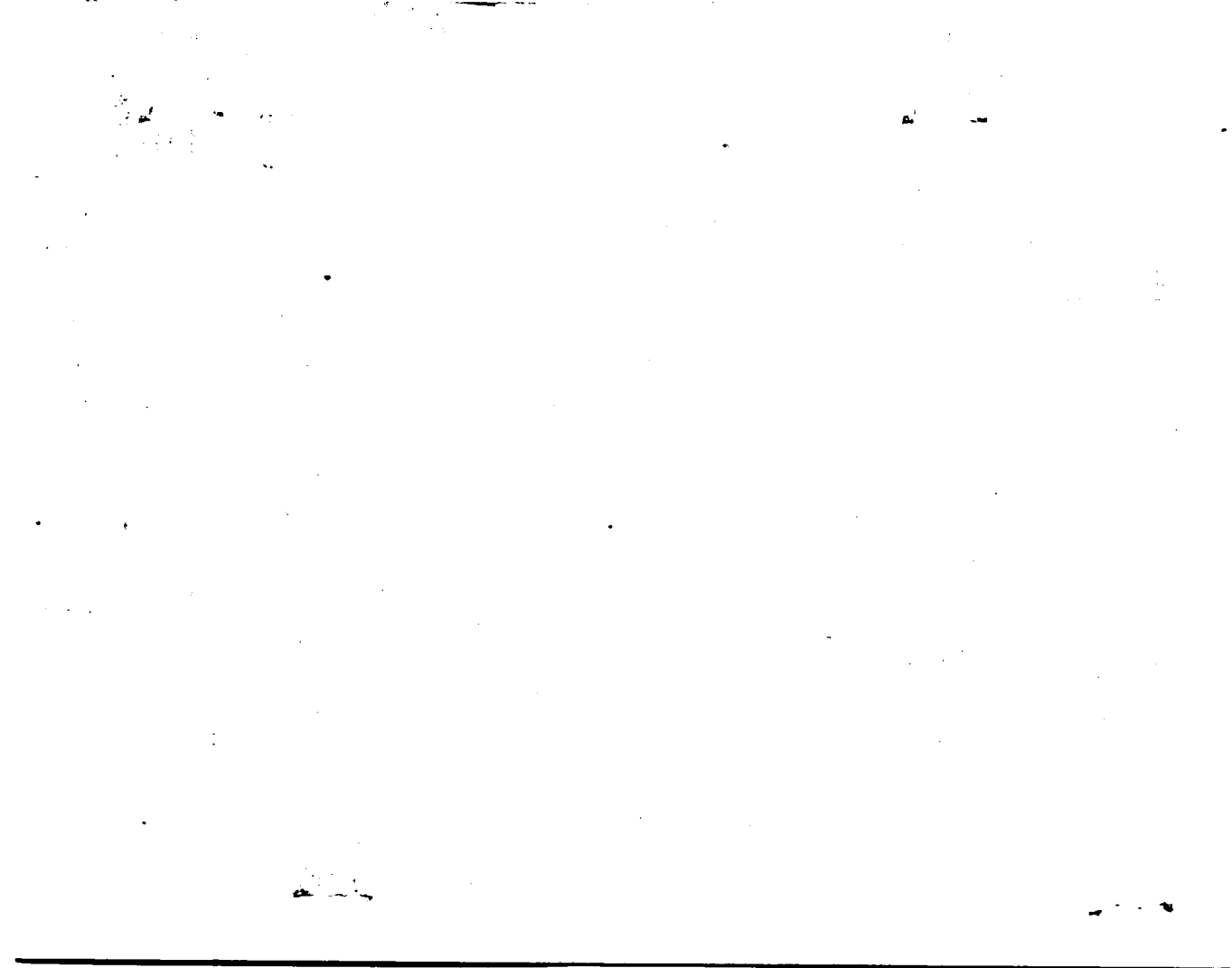
(Signature) Harold C. Souney M.D.
(Physician or midwife)

Address Priest River, Idaho

Filed Apr. 10 1931 J. E. Wilson

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of BonnerCity of Priest RiverRegistration District No. 85Primary Registration District No. 2185

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Alford(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) April 5, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Priest River
(State or country) Idaho10. NAME OF FATHER
Earl W. Alford11. BIRTHPLACE OF FATHER (city or town) Bluff City
(State or Country) Tenn.12. MAIDEN NAME OF MOTHER Rosie Golden13. BIRTHPLACE OF MOTHER (city or town) Colville
(State or County) Wash.14. Informant Earl W. Alford
(Address) Priest River, Idaho15. Filed Apr. 5, 1931 D. E. Wessa
Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

74765

Local Registrar's No. 7

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 5 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 5, 1931, to April 5, 1931that I last saw him alive on dead on Apr. 5, 1931and that death occurred, on the date stated above, at 3:20 A.M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature Birth(duration) yrs. mos. ds.
CONTRIBUTORY Nephritis of Mother
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Findings(Signed) Harold C. Souder M. D.
Apr. 5, 1931 (Address) Priest River, Ida.

19. Place of Burial, Cremation, or Removal

Date of Burial

Woodmen Cemetery4/5 1931

20. Undertaker

Earl W. Alford Father

Address

Priest River

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as Day laborer. Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Linneville
City of Idaho Falls
No. 215 Hospital St.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

MAY 12 1931

CERTIFICATE OF BIRTH **S 190334**

(If born in hospital or institution
give name.)

Registration District No. 73 State File No. _____

Prim. Registration District No. 215 Local Registrar's No. 132

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u>1</u> { and { Number in order of birth _____ (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of birth <u>3-20</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 2

FATHER FULL NAME <u>Joac Aldana</u>	MOTHER FULL MAIDEN NAME <u>Frances Merkel</u>
--	--

Residence (Usual place of abode) Idaho Falls

If non-resident, give place and State _____

Color or race W Age at last Birthday 32 (Years)

Birthplace Spain (City and State or County)

Occupation made a fur business Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:51 A.M.
on the (date above stated).

(Signature) [Signature]

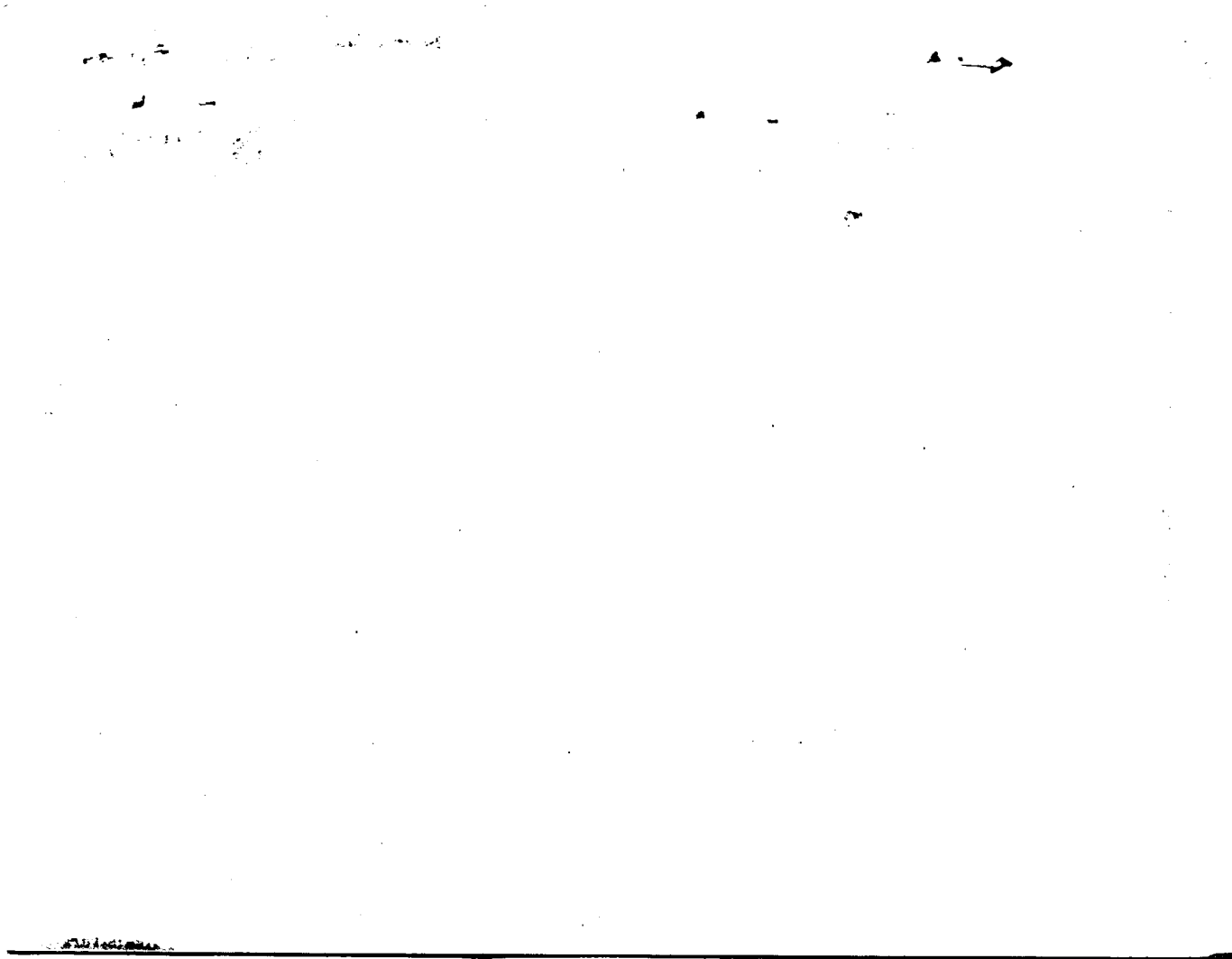
(Physician or midwife)

Address Idaho Falls Idaho

Filed Apr 4 1931 [Signature]

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74284

State File No.

PLACE OF DEATH.

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 211-0

(No. 215 Hospital)

(If death occurred in a hospital or institution, give its name and street address.)

Local Registrar's No. 151

2. FULL NAME

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 20, 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
..... hrs. or
..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls Idaho
(State or country) Bonneville Co

10. NAME OF FATHER

Joao Aldana

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Spain

12. MAIDEN NAME OF MOTHER

Frances Mikel

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Wesley Ohio

14.

Informant
(Address)

Joao Aldana

15.

Filed

Mar 20, 1931

Continued

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 20
(Month) (Day)

31
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

March 20, 1931 to March 20, 1931

that I last saw him alive on March 20, 1931

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

6 Months Premature

CONTRIBUTORY (Secondary) Fetal Immaturity
(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Still Born

(Signed) M. D.

....., 19..... (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal

Date of Burial

Cremation - Idaho Falls Co.

Mar. 20 1931

20. Undertaker

Address

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart-disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Ida.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED MAY 12 1931

CERTIFICATE OF BIRTH

No. _____ St.

L. D. S. Hospital

(If born in hospital or institution
give name.)

Registration District No. 73 State File No. 190338

Prim. Registration District No. 2, 4, 7 Local Registrar's No. 157

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>4</u> <u>13</u> <u>1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth. 7 (a) Born alive and now living 5

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Rufus B. Cole</u>	MOTHER FULL MAIDEN NAME <u>Pearl Irene Browning</u>
--	--

Residence (Usual place of abode) 575 So. Capitol Idaho Falls

If non-resident, give place and State.

Color or race White Age at last Birthday 41 39
(Years) (Years)

Birthplace Sandy, Utah Annis, Idaho
(City and State or County) (City and State or County)

Occupation Carpenter Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 4:38 P. M.
on the date above stated.

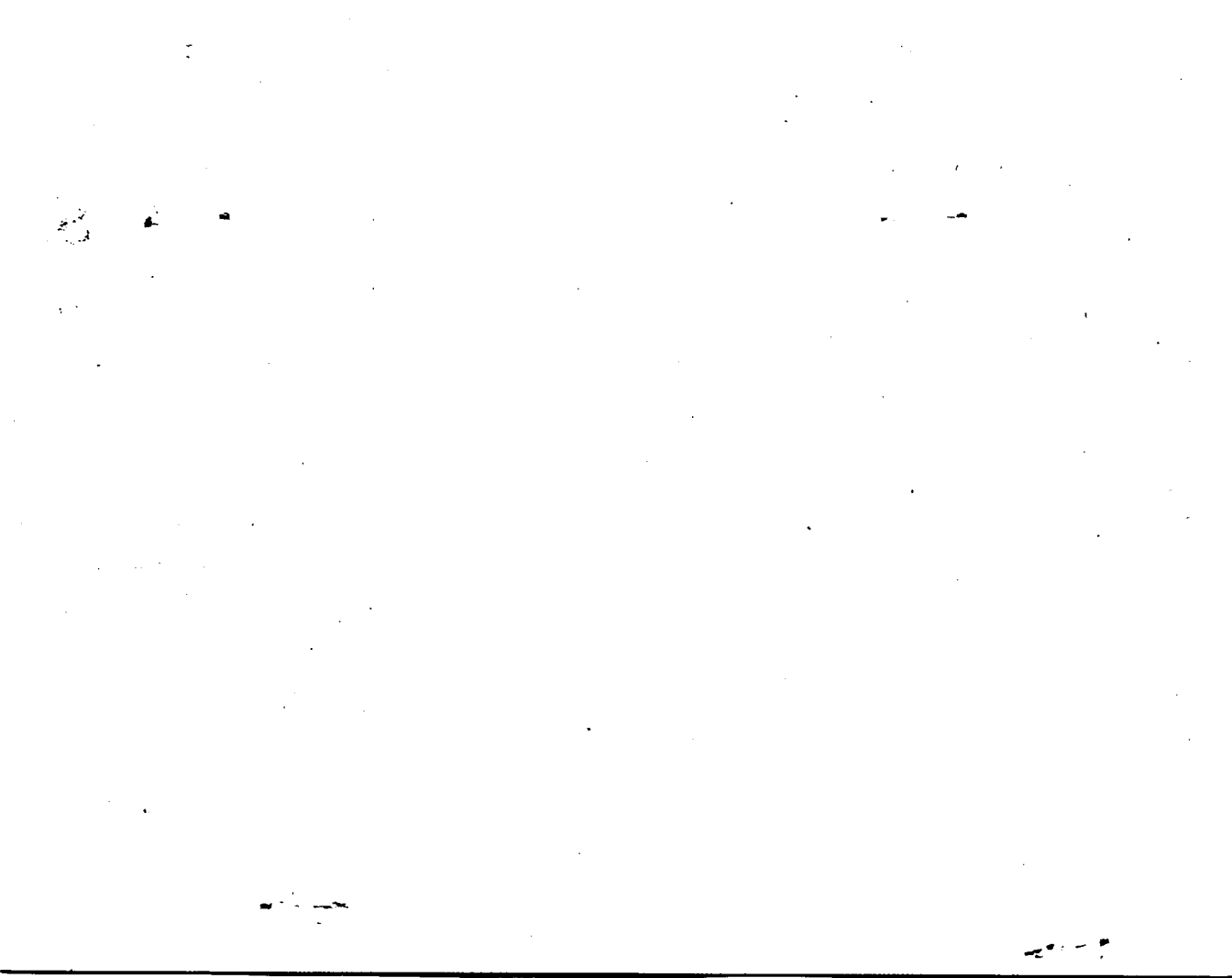
(Signature) _____

(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address Idaho Falls, Idaho

Filed May 12 1931 _____ Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO MAY 12 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 74783

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

Registration District No. 23
Primary Registration District No. 18-D

Local Registrar's No. 74

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Cole

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Apr. 13 1931
7. AGE Years no Months no Days no If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

PARENTS

10. NAME OF FATHER R. B. Cole
11. BIRTHPLACE OF FATHER (city or town) Sandy, Utah
(State or Country)
12. MAIDEN NAME OF MOTHER Pearl Browning
13. BIRTHPLACE OF MOTHER (city or town) Annis Idaho
(State or Country)

14. Informant R. B. Cole
(Address) Idaho Falls, Idaho

15. Filed Apr. 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 13 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 13 1931, to April 13 1931
that I last saw him alive on April 13 1931
and that death occurred, on the date stated above, before 4:30 PM
The cause of death was as follows:

Separation of Placenta - Premature
(duration) yrs. mos. 1 hr.
CONTRIBUTORY Placental trauma
(Secondary) partial
(duration) yrs. 9 mos. ds.

18. Where was disease contracted L.D.S. Hospital
if not at place of death?
Did an operation precede death? yes Date of operation
Was there an autopsy? no
What test confirmed diagnosis? Operation

(Signed) J. P. [Signature] M. D.
4/15 1931 (Address) Idaho Falls

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Annis Idaho
Date of Burial Apr 1931

20. Undertaker J. L. McLean
Address Idaho Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon
City of Nampa
No. 512-18th Ave So.

RECEIVED MAY 8 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190422

Hines Home. Registration District No. 7 State File No. 76
(If born in hospital or institution give name.) Prim. Registration District No. 2.4.6 Local Registrar's No. 76

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Jan 28- 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead Stillborn

FATHER FULL NAME <u>A. K. Ryan</u>	MOTHER FULL MAIDEN NAME <u>Esther Eichenberger</u>
---------------------------------------	---

Residence (Usual place of abode) Melba Ida

If non-resident, give place and State Ida.

Color or race white Age at last Birthday 21 (Years)

Birthplace Calloway, Neb. (City and State or County)

Occupation farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 A. M. on the date above stated.

(Signature) V. C. Belknap
Nampa Ida.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Calloway

Filed 5-6 1931 Gertha Conway

11

1. *Phragmites australis* (Cav.) Trin. ex Steud.

[illegible]

1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 26

...the ...

$$= \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} e^{-x^2} dx = \frac{1}{\sqrt{\pi}} \cdot \sqrt{\pi} = 1.$$

④ ⑤ ⑥ ⑦ ⑧

1000

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424

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED FEB 11 1931

DO NOT WRITE IN THIS SPACE

State File No. **73789**

PLACE OF DEATH

County of **Canyon**

City of **Nampa**

Registration District No. **7**

Primary Registration District No. **2006**

Local Registrar's No. **15**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Infant of Mr. & Mrs. A.W. Ryun.**

(a) Residence, No. **Melba Ida.** St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Jan. 28, 1931.**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 **1** **Still Born**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Nampa**
(State or country)

10. NAME OF FATHER **A.W. Ryun.**

11. BIRTHPLACE OF FATHER (city or town) **Neb.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Easter Eichenberger**

13. BIRTHPLACE OF MOTHER (city or town) **Boise.**
(State or Country)

14. Informant **A.W. Ryun**
(Address) **Melba Ida**

15. Filed **1-31**, 19**31** **Boise**

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan 28 19**31**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Jan 28, 19**31**, to **Jan 28**, 19**31**

that I last saw him alive on **Jan 28**, 19**31**

and that death occurred, on the date stated above, at **4 45 a** m.

The CAUSE OF DEATH was as follows:

Still Born. Head
29 3 weeks.
Placental abruption.
cord (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? **No** Date of

Was there an autopsy? **No**

What test confirmed diagnosis? **Physician**

(Signed) **V. C. Eichenberger** M. D.

1-31-1931 (Address) **Nampa Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Melba, Ida.

1-29 19**31**

20. Undertaker
F.K. Robinson

Address
Nampa
Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Caribou
City of Starbuck
No. _____ St. _____

259-202-015-253

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Lucille

(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED MAY 4 1931

CERTIFICATE OF BIRTH

190428

Registration District No. 12 State File No. _____

Prim. Registration District No. 2159 Local Registrar's No. 54

Bergener

Sex of Child <u>Female</u>	Twin Triplet or other? <u>-</u>	and <u>-</u>	Number in order of birth <u>-</u>	Legiti- mate? <u>yes</u>	Date of birth <u>March 7, 1931</u>
					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 10% neo silol

Number of child of this mother, including present birth 5 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 0

FATHER FULL NAME <u>George Bergener</u>	MOTHER FULL MAIDEN NAME <u>Jeanette Kelsey</u>
--	---

Residence (Usual place of abode) <u>Sala Springs, Ida</u>	Residence (Usual place of abode) <u>Sala Springs, Ida</u>
---	---

If non-resident, give place and State _____

Color or race white Age at last Birthday 37 (Years)

Birthplace Logan, Utah (City and State or County)

Occupation P.R. Sec. 2 man

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 5:15 a. M.
on the date above stated.

(Signature) Russell Fegert

(Physician or midwife)

Address Sala Springs, Ida

Filed 4/30 1931 Dr. Russell Fegert
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 25 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. 265-206-222-447 St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> }</u> and <u> }</u> Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>April 6</u> 19 <u>31</u> (Month) (Day) (Year)
----------------------------	--	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Andrew Archie Sweeney</u>	MOTHER FULL MAIDEN NAME <u>Ida Marie Morris</u>
--	--

Residence (Usual place of abode) St. Anthony

It non-resident, give place and State

Color or race W Age at last Birthday 43 (Years)

Birthplace W. Pleasant W. (City and State or County)

Occupation farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:00 A. M. on the date above stated.

(Signature) [Signature]
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 74
Filed 1931 St. Anthony Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Teton

No. 665 024 022 819 St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 100 State File No. 190500

Prim. Registration District No. 2178 Local Registrar's No. 89

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth	(Month)	(Day)	(Year)
<u>Male</u>	<u>None</u>		<u>1</u>	<u>Yes</u>	<u>April 24</u>			<u>1931</u>

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn 0

FATHER
FULL NAME Edward Merrill Ivens

Residence (Usual place of abode) Teton

If non-resident, give place and State

Color or race W Age at last Birthday 27 (Years)

Birthplace Woodville La.
(City and State or County)

Occupation Farmer

MOTHER
FULL MAIDEN NAME Clize Adeline Harrison

Residence (Usual place of abode) Teton

If non-resident, give place and State

Color or race W Age at last Birthday 24 (Years)

Birthplace Romke Virginia
(City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:10 P. M. on the date above stated.

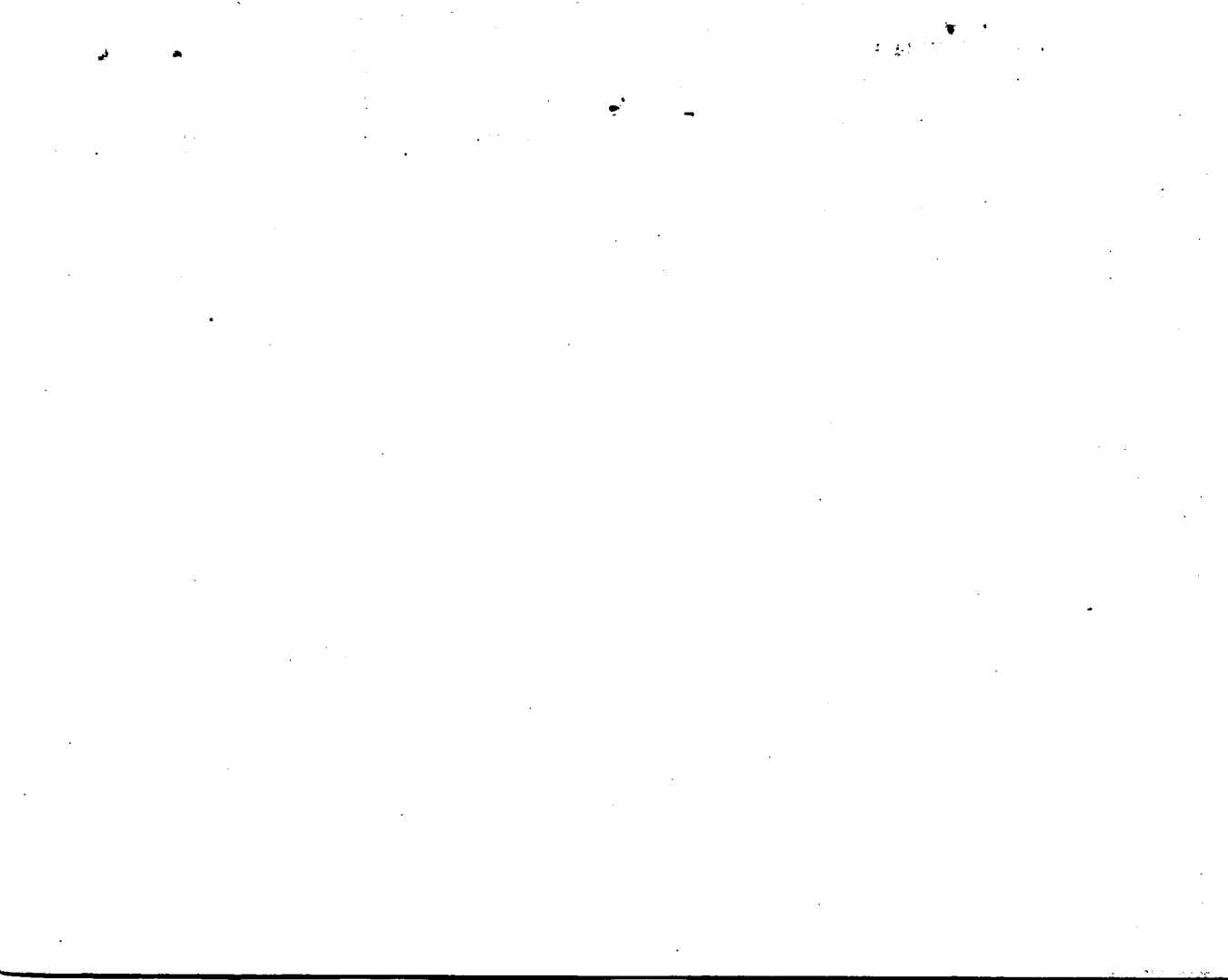
(Signature) H. B. Gregory
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed 74 1931

Registrar.



JUN 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75592

PLACE OF DEATH

County of Freemont

City of Teton

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

Local Registrar's No. 377

(If death occurred in a hospital or institution, give the name instead of street and number.)

2. FULL NAME Baby - Merrill - Coven's

(a) Residence. No. _____ St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) April 24 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Teton Idaho
(State or country)

10. NAME OF FATHER Edward Merrill Coven's

11. BIRTHPLACE OF FATHER (city or town) Woodville Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Addie Harrison

13. BIRTHPLACE OF MOTHER (city or town) Virginia
(State or Country)

14. Informant Edward M. Coven's
(Address) Teton Idaho

Filed 4/25, 1931

Registrar. W. M. Harrison

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 24, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to April 25, 1931,
that I last saw her alive on April 25, 1931,
and that death occurred, on the date stated above, at 5:15 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Conjunctival atelectasis
(2) Absence of breast
(3) Imperfectly aneurysm
(4) Abdominal tumor (undetermined)
(5) Defect (undetermined)
(CONTRIBUTORY)
(Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) B. Rigby, M.D.
April 25, 1931 (Address) Refburg Idaho

19. Place of Burial, Cremation, or Removal Teton Idaho Date of Burial April 25 1931

20. Undertaker Wm J. Keller Address Refburg

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications. as Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Canyon *Cuyahoe*
City of Homedale
No. 2 St. 5

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH **190669**

Registration District No. 3 State File No. 2005
Prim. Registration District No. 2005 Local Registrar's No. 74

FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? Yes <u>Yes</u>	Date of birth <u>4/25/31</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 3

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead Stillborn 1

FULL NAME <u>C. L. McKague</u>	FATHER	FULL MAIDEN NAME <u>Thelma L. Dines</u>	MOTHER
--------------------------------	--------	---	--------

Residence (Usual place of abode) Homedale, Idaho Homedale, Idaho

If non-resident, give place and State Nebraska Colorado

Color or race White Age at last Birthday 24 22

Birthplace Nebraska Colorado

(City and State or County) Nebraska Colorado

Occupation Farming Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 A. M.
on the date above stated.

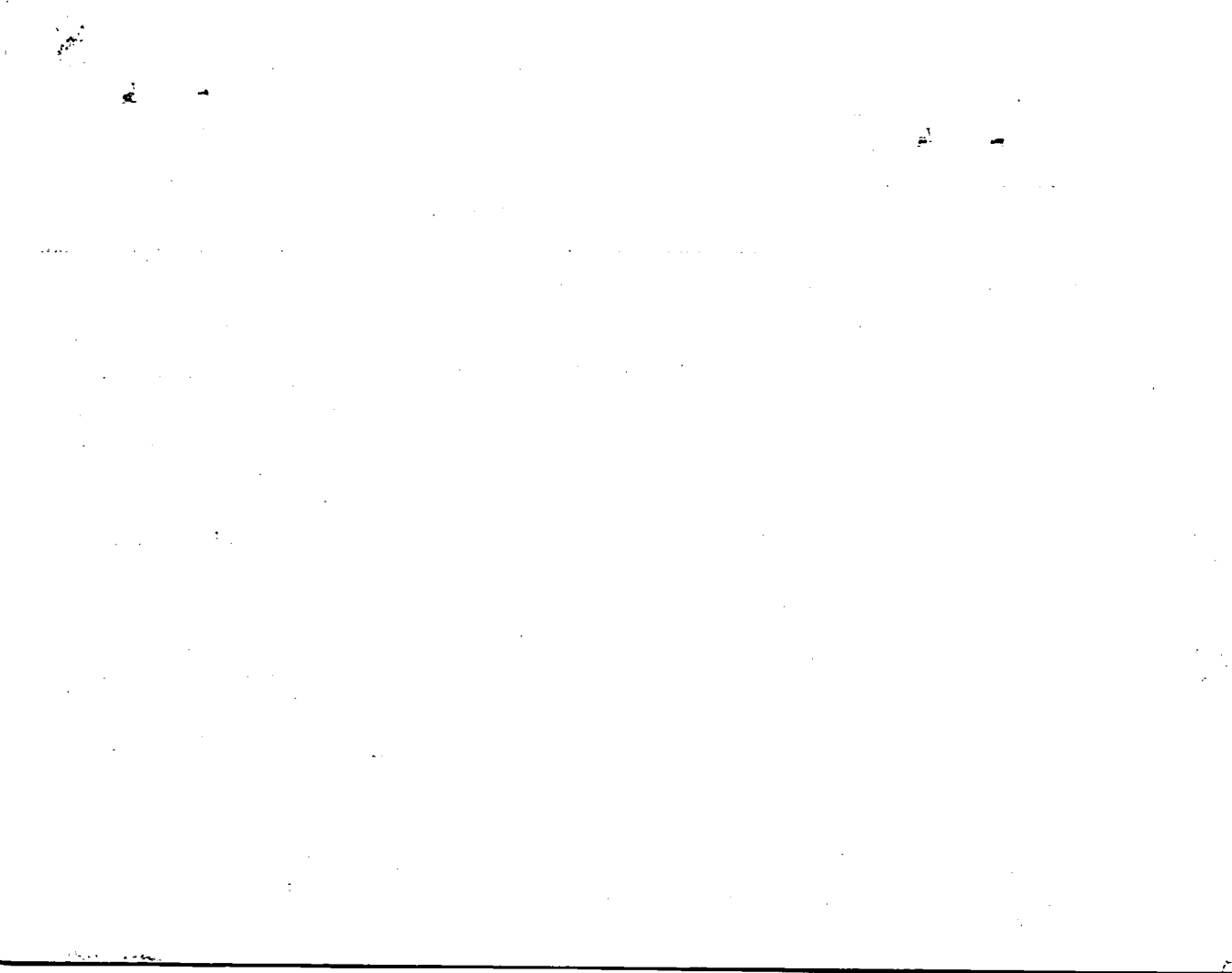
(Signature) S. B. Dudley

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

M. D.
(Physician or midwife)
Caldwell, Idaho

Address Caldwell, Idaho

Filed 4-29-1931 John H. Meyer
Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Owyhee State 3. IDAHO Registered No. 49
 Township _____ or Village 2005 74953 or
 City Manning No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Edgar Walton McRaguer
 (a) Residence: No. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 4-26-31

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manning
(State or country) Ida

FATHER

13. NAME Roy McRaguer14. BIRTHPLACE (city or town) Payson
(State or country) Ida

MOTHER

15. MAIDEN NAME Thelma Dines16. BIRTHPLACE (city or town) Brighton
(State or country) Ida17. INFORMANT Roy McRaguer
(Address) Homedale Ida18. BURIAL, CREMATION, OR REMOVAL
Place Canyon Date 4-27-193119. UNDERTAKER E. V. Beckman
(Address) Calderwood Ida20. FILED 4-29-1931 John H. Meyers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-26-193122. I HEREBY CERTIFY, That I attended deceased from 4-26-1931 to 4-26-1931I last saw him living at his home, 1931 death is said to have occurred on the date stated above, at 2-30 m.

The principal cause of death and related causes of importance were as follows:

Patent foramen
ovale - leak
presented at birth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clonus Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 1931Where did Injury occur? _____
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. V. Beckman M. D.(Address) Calderwood Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Shushone
City of Kiung
No. St.

ST. REG. DIV.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 190694

Registration District No. 123 State File No.

(If born in hospital or institution give name.) Prim. Registration District No. 2201 Local Registrar's No. 40

FULL NAME OF CHILD Schubert - Bone
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>1</u>	Twin Triplet or other? <u> </u>	{ and } Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>Mar. 24</u> 19 <u>31</u> (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Neonatorum? <u>argyrol 1070</u>				
Number of child of this mother, including present birth. <u>3</u> (a) Born alive and now living. <u>3</u>				
Born alive but now dead. <u>0</u> Stillborn <u>2</u>				
FATHER FULL NAME <u>Wm. Bone</u>		MOTHER FULL MAIDEN NAME <u>Louise Julienne</u>		
Residence (Usual place of abode) <u>Kiung</u>		Residence (Usual place of abode) <u>Kiung</u>		
If non-resident, give place and State <u>Idaho</u>		If non-resident, give place and State <u>Idaho</u>		
Color or race <u>White</u> Age at last Birthday <u>41</u> (Years)		Color or race <u>White</u> Age at last Birthday <u>21</u> (Years)		
Birthplace <u>Idaho</u> (City and State or County)		Birthplace <u>Idaho</u> (City and State or County)		
Occupation <u>grocer</u>		Occupation <u>housewife</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 P. M. on the date above stated.

(Signature) W. B. Lindsay
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Kiung Idaho
Filed 4/28 1931 W. B. Lindsay
Registrar.

[illegible]

1. *Introduction*
 2. *Background*
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 4. *Results*
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RECEIVED APR 3 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74524

State File No.

PLACE OF DEATH

County of *Shoshone*City of *Kellogg*

CERTIFICATE OF DEATH

Registration District No. *123*Primary Registration District No. *2201*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. *Baby Bone*

(Usual place of abode.)

St.

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced* (write the word)*White**Single*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14.

Informant
(Address)

15.

Filed

*Mar. 28, 1931**Miss Helen McBride*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

*March 24**24**31*

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

*March 24**1931*

to

1931

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:*Breach delivery*
*Still born*CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.
*Breach delivery*18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *W. B. Lindsay*, M. D.
3/24, 1931, (Address) *Kellogg Idaho*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Spokane, Wash**March 25, 1931*

20. Undertaker

Address

M. C. Thornhill *Kellogg Idaho*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. St.

T. F. Co & Gen Hosp
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 State File No.

Prim. Registration District No. 2085 Local Registrar's No. 157

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	and	Number in order of birth <u> </u>	Legitimate? <u>Yes</u>	Date of birth <u>April 8</u> 19 <u>31</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 7 (a) Born alive and now living 5

Born alive but now dead 1 Stillborn 1

FATHER
FULL NAME James Thomas Duggan
Residence (Usual place of abode) 437-4 Ave W
If nonresident, give place and State Twin Falls
Color or race W Age at last Birthday 44 (Years)
Birthplace Peas, Utah (City and State or Country)
Occupation Laborer

MOTHER
FULL MAIDEN NAME Elizabeth Davis
Residence (Usual place of abode) Twin Falls
If nonresident, give place and State Idaho
Color or race W Age at last Birthday 34 (Years)
Birthplace Brigham, Utah (City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 1/2 M. on the date above stated.

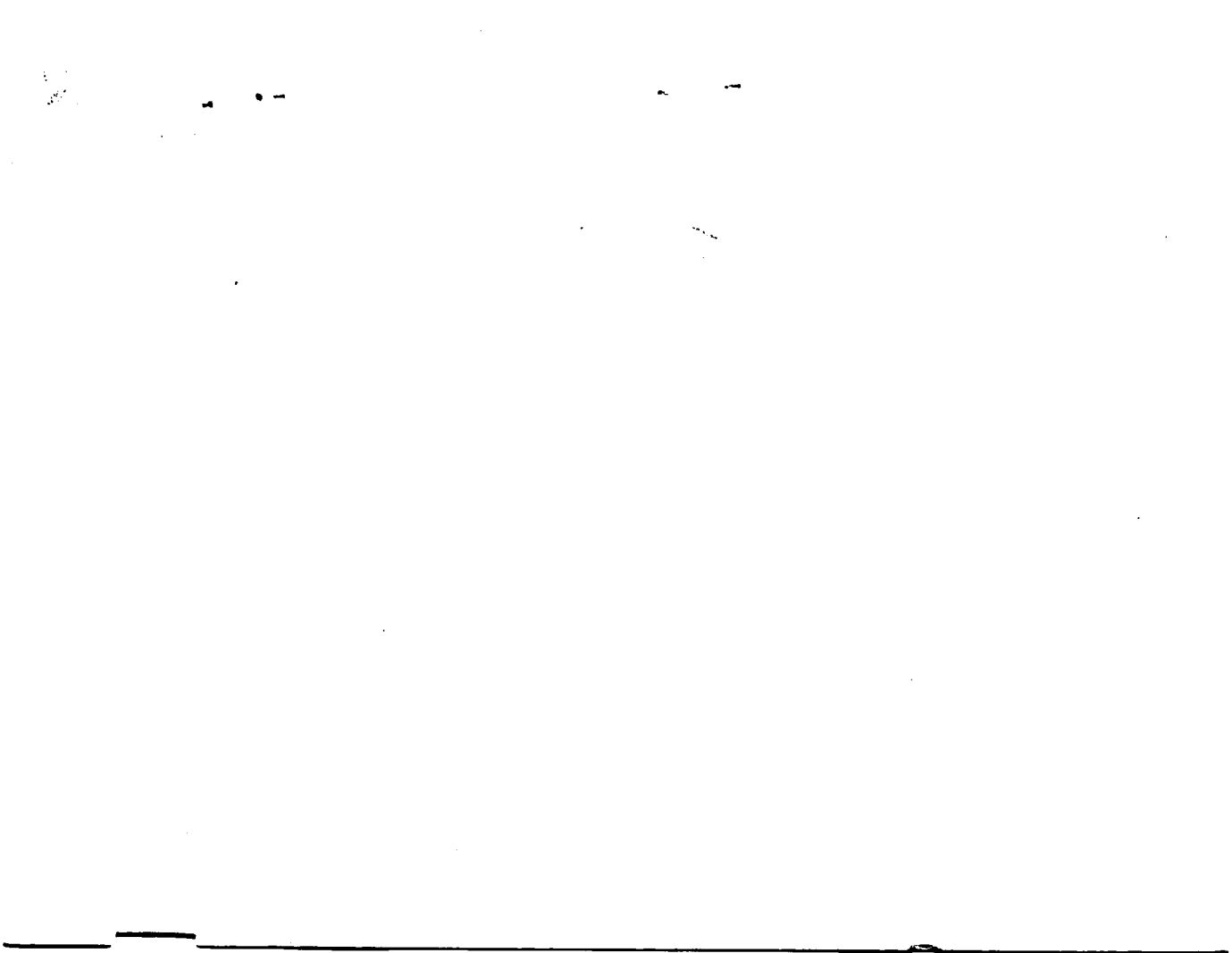
(Signature) John P. Casper

(Physician or midwife)

Address Twin Falls, Idaho

Filed April 4 1931 Elizabeth J. Smith Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada
City of Boise
No. Alphonsus Hosp.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

190852

Registration District No. 2 State File No. 221
(If born in hospital or institution give name.) Prim. Registration District No. 1904 Local Registrar's No. 221
FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>5 24 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 7m2

Number of child of this mother, including present birth 2 (a) Born alive and now living 1
Born alive but now dead 1 Stillborn 1

FULL NAME <u>Charles Pettit</u> FATHER	FULL MAIDEN NAME <u>Frances Clements</u> MOTHER
Residence (Usual place of abode) <u>Kuna Idaho</u>	Residence (Usual place of abode) <u>Kuna Id</u>
If non-resident, give place and State <u>Idaho</u>	If non-resident, give place and State <u>Id</u>
Color or race <u>24</u> Age at last Birthday <u>32</u> (Years)	Color or race <u>24</u> Age at last Birthday <u>23</u> (Years)
Birthplace <u>Idaho</u> (City and State or County)	Birthplace <u>Id.</u> (City and State or County)
Occupation <u>Teacher</u>	Occupation <u>Housewife</u>

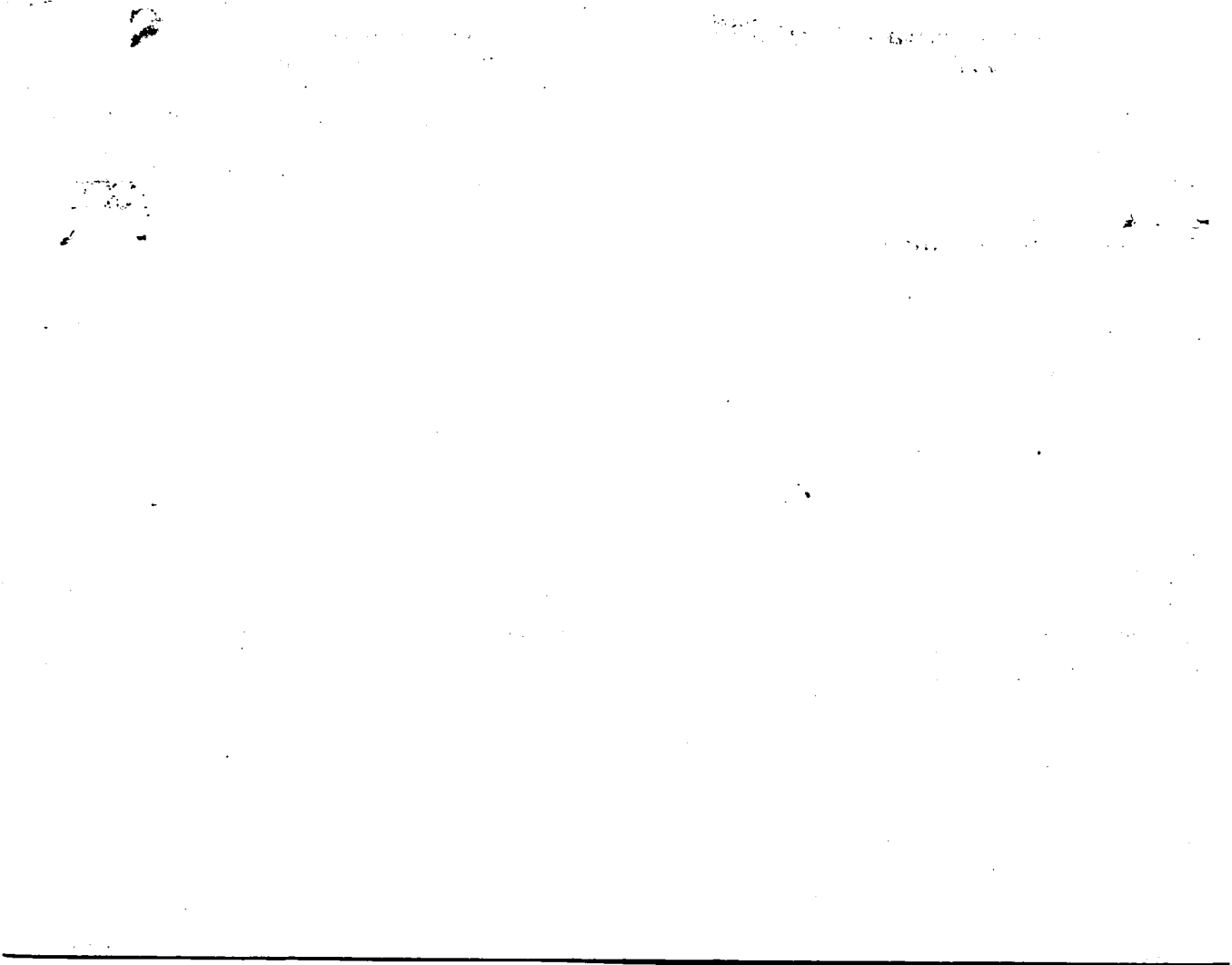
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn ^{Born alive} at 3:12 P M. on the date above stated.

(Signature) Fred A. Pieninger
Physician or midwife

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 5-26 31 N. 1st St.
Filed 5-26 1931 Registrar.



RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75037

State File No.

PLACE OF DEATH

County of Ada.City of Boise.

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No. 1004(No. St. Alphonsus Hospital.)Local Registrar's No. 156

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Jackie Lee Pettit

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 24th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work None.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Otto S. Pettit.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Meridian, Idaho.12. MAIDEN NAME OF MOTHER Elorence Clements.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Nebraska.14. Informant Otto S. Pettit.

(Address)

Kuna, Idaho.15. Filed 5-25-31 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 24th 1931

(Month)

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

5/24 1931, to 5/24 1931
that I last saw him alive on 2:30 P.

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Still birth
hydrocephalus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes
What test confirmed diagnosis? Clinical Symp.(Signed) Wm. M. D.
5/25/31 1931 (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Kuna Cemetery.

Date of Burial

5/25/31 1931

20. Undertaker

Wm. Moberatney.

Address

Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED JUN 10 1931

PLACE OF BIRTH

County of Ada
City of Boise
No. St. Lubes St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 3 State File No. 190871
Prim. Registration District No. 11004 Local Registrar's No. 202

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Yes and Number in order of birth 2 Legitimate? Yes Date of birth May - 2 - 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead none Stillborn one

FATHER FULL NAME John Arthur Winickhead FULL MAIDEN NAME Hattie Bell Doyle

Residence (Usual place of abode) R.D. 2 - Boise Residence (Usual place of abode) R.D. 2 - Boise

It non-resident, give place and State _____ If non-resident, give place and State _____

Color or race White Age at last Birthday 50 Color or race White Age at last Birthday 31
(Years) (Years)

Birthplace Idaho Birthplace Nebraska
(City and State or County) (City and State or County)

Occupation Farm laborer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:14 A.M.
on the date above stated. Stillborn

(Signature) T. D. Brayton, M.D.
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho

Filed 5-13-31 W. H. Rhodes

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSDO NOT WRITE IN THIS SPACE
75036
State File No.

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004
(No. St. Lukes Hospital.)Local Registrar's No. 140

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Whitehead.(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 2nd 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)10. NAME OF FATHER John A. Whitehead.11. BIRTHPLACE OF FATHER (city or town) Iowa.
(State or Country)12. MAIDEN NAME OF MOTHER Fattie B. Doyle.13. BIRTHPLACE OF MOTHER (city or town) Neb.
(State or Country)14. Informant John A. Whitehead.
(Address) Boise, Idaho, R. #2415. Filed 5-4 1931 U. S. Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 2nd 1931 19
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19May 2 1931 19
that I last saw Still Born

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Malnourished twin(duration) yrs. mos. ds.
CONTRIBUTORY Cardiac Failure
(Secondary)(duration) yrs. mos. ds. 2 for18. Where was disease contracted Place of birth
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? None(Signed) J. H. Bratney, M. D.
5/2/31 1931 (Address) Boise, Idaho.19. Place of Burial, Cremation, or Removal Morris Hill Cemetery. Date of Burial 5/2/31 1920. Undertaker Wm. McBratney. Address Boise, Idaho

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

County of Ada
City of Boise
No. 3144 St. St. Stephens

CERTIFICATE OF BIRTH 190881

(If born in hospital or institution
give name.)

Registration District No. 2 State File No. 192

Prim. Registration District No. 1004 Local Registrar's No. 192

FULL NAME OF CHILD Douglas D. Smart (Stillborn)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>April 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth..... (a) Born alive and now living.....

Born alive but now dead..... Stillborn one

FATHER
FULL NAME Harry E. Smart

MOTHER
FULL MAIDEN NAME Helma Lundberg

Residence (Usual place of abode) Boise

Residence (Usual place of abode) Boise

If non-resident, give place and State Ida

If non-resident, give place and State Ida

Color or race w Age at last Birthday 21
(Years)

Color or race w Age at last Birthday 18
(Years)

Birthplace Ore
(City and State or County)

Birthplace Ida
(City and State or County)

Occupation Laborer

Occupation Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Stillborn at 8 P. M.
on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Boise, Ida

Filed 5-1 1931 W. H. R. [Signature]

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

STATE OF IDAHO

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER

BOISE, IDAHO

TO THE HONORABLE COMMISSIONER OF REVENUE
STATE OF IDAHO
BOISE, IDAHO

RECEIVED
JAN 10 1911

BY MAIL

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RECEIVED MAR 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74659

State File No. _____

PLACE OF DEATH

County of Ada

City of Baise

CERTIFICATE OF DEATH

Registration District No. 3

Primary Registration District No. 1004

(No. H. Alphonsus)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Douglas Daleo Stuart

(a) Residence. No. 303 Washington St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single. Married. Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 11-1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Baise, Ida (State or country)

10. NAME OF FATHER Harry E. Stuart

11. BIRTHPLACE OF FATHER (city or town) Jordan Valley, Ore (State or Country)

12. MAIDEN NAME OF MOTHER Thelma Landis

13. BIRTHPLACE OF MOTHER (city or town) American Falls, Ida (State or Country)

14. Informant (Address) Harry E. Stuart

15. Filed 4-13-31 W. H. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 11 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 11 1931, to April 11 1931, that I last saw him alive on April 11 1931 and that death occurred, on the date stated above, at 7:30 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn
cause unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Bank 4-13-31 (Address) Baise Ida

19. Place of Burial, Cremation or Removal Mary Hall Church Date of Burial 4/12/31

20. Undertaker Schrock & W. Bank Address Baise

Dr. John Bank

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

796-106-002-38

PLACE OF BIRTH

County of Adams

City of Mesa

No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190889

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No. 71

FULL NAME OF CHILD Un named
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>May 6</u> 1931 (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? no - See Imm

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>H. L. Brooks</u>	FULL MAIDEN NAME <u>Mahele Taylor</u>
Residence (Usual place of abode) <u>Mesa Ida</u>	Residence (Usual place of abode) <u>Mesa Ida</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>white</u> Age at last Birthday <u>49</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>29</u> (Years)
Birthplace <u>Casper Idaho</u> (City and State or County)	Birthplace <u>Teton Basin Ida</u> (City and State or County)
Occupation <u>Architect</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8 A M. on the date above stated.

(Signature) D. P. Higga M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Council Ida

Filed 7 1931 D. P. Higga
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75068

State File No.

PLACE OF DEATH

County of AdamsCity of Mesa

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 712. FULL NAME Un named

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) May 6 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

..... hrs. or
..... min.born dead

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Mesa
(State or country) Ida

10. NAME OF FATHER

H L Brooke11. BIRTHPLACE OF FATHER (city or town)
(State or Country)CasperNew York

12. MAIDEN NAME OF MOTHER

Mable Taylor13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)H L Brooke

15.

Filed 5-7, 1931P. H. J. P.

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May61931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to

....., 19.....

that I last saw him alive on born dead, 1931and that death occurred, on the date stated above, at 8 A. M.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Born dead

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none(Signed) P. H. J. P., M. D.5-7, 1931 (Address) Council Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Council Ida5-7 1931

20. Undertaker

Address

Robt. Young (Acting)Council Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

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Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

County of Bancroft
City of Bancroft
No. St.

STATE OF IDAHO—MAY 6 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 190940

Registration District No. 84 State File No.
Prim. Registration District No. 2161 Local Registrar's No. 890

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male Twin Triplet or other? and Number in order of birth Legitimate? yes Date of birth May-1- 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 2 (a) Born alive and now living 1
Born alive but now dead Stillborn 1

FATHER
FULL NAME Walden Russell Parke
Residence (Usual place of abode) Bancroft
If nonresident, give place and State
Color or race White Age at last Birthday 24
Birthplace North Carolina (Years)
(City and State or Country)
Occupation Laborer

MOTHER
FULL MAIDEN NAME Milner Alfred
Residence (Usual place of abode) Bancroft
If nonresident, give place and State
Color or race White Age at last Birthday 19
Birthplace North Carolina (Years)
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at M.
on the date above stated.

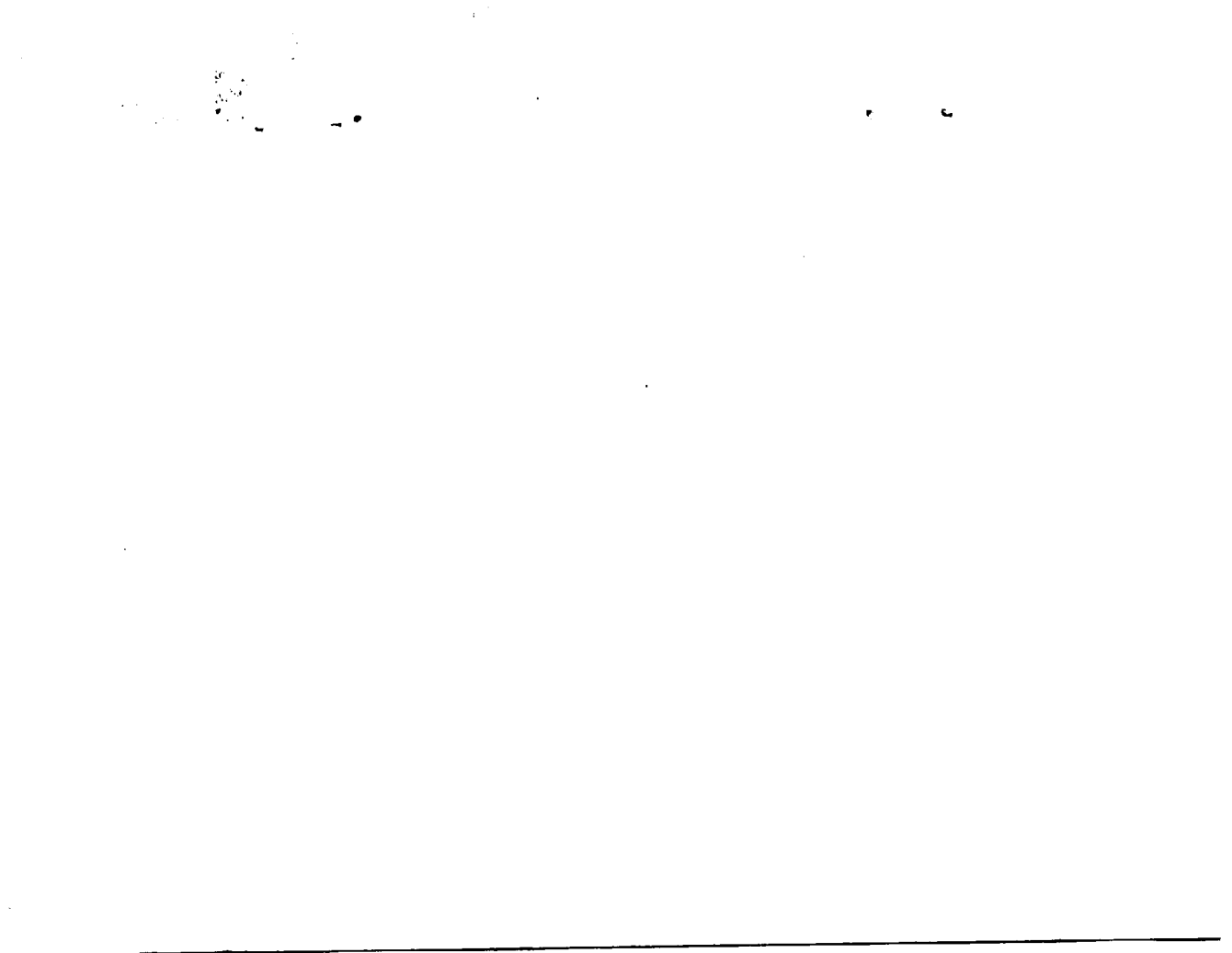
(Signature) G. G. Fitz

(Physician or midwife)

Address Bancroft Idaho

Filed 5-4 1931 Mrs G. G. Fitz
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

Local Registrar's No.

75071

PLACE OF DEATH
County of Bancroft
City of Bancroft Ida

Registration District No. 84

Primary Registration District No. 2161

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced (write the word)

infant

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) May 1-1931

7 AGE

Years

Months

Days

1 If LESS than
day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bancroft Ida
(State or country)

10 NAME OF FATHER

Walden Russel Parks

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

North Carolina

12 MAIDEN NAME OF MOTHER

Milner Alred

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

North Carolina

14 Informant Mrs. Walden Parks
(Address) Bancroft Ida

15 Filed June 1, 1931 Mrs. G. G. Fish
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May
(Month)

1
(Day)

1931
(Year)

17 I HEREBY CERTIFY, That I attended deceased from Stillbirth 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Collapsed cord, Arterial presentation, Version of Child, strangulation

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) G. G. Fish, M. D.
June, 1931 (Address) Bancroft Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

19

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH 413-123

County of Bannock
City of Pocatello
No. St. Anthony St.
Hosp

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
190941

Registration District No. 28 State File No. 216

Prim. Registration District No. 216 Local Registrar's No. 216

FULL NAME OF CHILD (Still born) Mattson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twins Triplet or other? <u> }</u> and <u> }</u> Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of birth <u>5/23/31</u> <u>19</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Merrill Mattson</u>	MOTHER FULL MAIDEN NAME <u>Ireva Kunz</u>
---	--

Residence (Usual place of abode) <u>434 N. Hayes</u>	Residence (Usual place of abode) <u>434 N. Hayes</u>
--	--

If non-resident, give place and State <u>W</u>	If non-resident, give place and State <u>W</u>
--	--

Color or race <u>W</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>26</u> (Years)
--	--

Birthplace <u>St. Charles, Idaho</u> (City and State or County)	Birthplace <u>Wayan, Idaho</u> (City and State or County)
--	--

Occupation <u>Laborer</u>	Occupation <u>H. W.</u>
---------------------------	-------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:55 P. M.
on the date above stated.
(Signature) [Signature]

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

(Physician or midwife)
Pocatello
Address 6-1 1931
Filed 2 Chay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of Bannock		CERTIFICATE OF DEATH Registration District No. 2 Primary Registration District No. 2161 Saint Anthony Hospital (No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)		State File No. 75069	
City of Pocatello				Local Registrar's No. 29	
2. FULL NAME John (Infant) Mattson					
(a) Residence. No. Pocatello, Idaho. St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male		4. COLOR OR RACE White		5. Single, Married, Widowed, or Divorced (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) May 23, 31					
7. AGE Years		Months		Days	
Still-born				If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		None			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Infant			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) Pocatello, Ida.					
13. NAME Merrill W. Mattson					
14. BIRTHPLACE (city or town) (State or country) St. Charles, Ida.					
15. MAIDEN NAME Ireva A. Kunz					
16. BIRTHPLACE (city or town) (State or country) Wayan, Ida.					
17. INFORMANT Merrill W. Mattson (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place Bern, Ida. Date May 26, 1931					
19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.					
20. FILED 5/24/31 , 1931 D. C. Ray Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) May 23, 1931					
22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1931 , to 5-23, 1931					
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Stillborn					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) D. C. Ray M. D. (Address) Pocatello, Ida.					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Bannock
City of Lava Hot Springs
No. Municipal St.
(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED JUN 3 - 1931
CERTIFICATE OF BIRTH **S** 190944

Registration District No. 84 State File No. 898
Prim. Registration District No. 2161 Local Registrar's No. 898

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>May 28 1931</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 3 (a) Born alive and now living 2
Born alive but now dead _____ Stillborn _____

FATHER		MOTHER	
FULL NAME <u>Lester John Valline</u>	FULL MAIDEN NAME <u>Detta Harris</u>		
Residence (Usual place of abode) <u>McCammon</u>	Residence (Usual place of abode) <u>McCammon</u>		
If nonresident, give place and State _____	If nonresident, give place and State _____		
Color or race <u>White</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>28</u> (Years)		
Birthplace <u>Colorado Springs Colo.</u> (City and State or Country)	Birthplace <u>Malad Idaho</u> (City and State or Country)		
Occupation <u>Fireman</u>	Occupation <u>Housewife</u>		

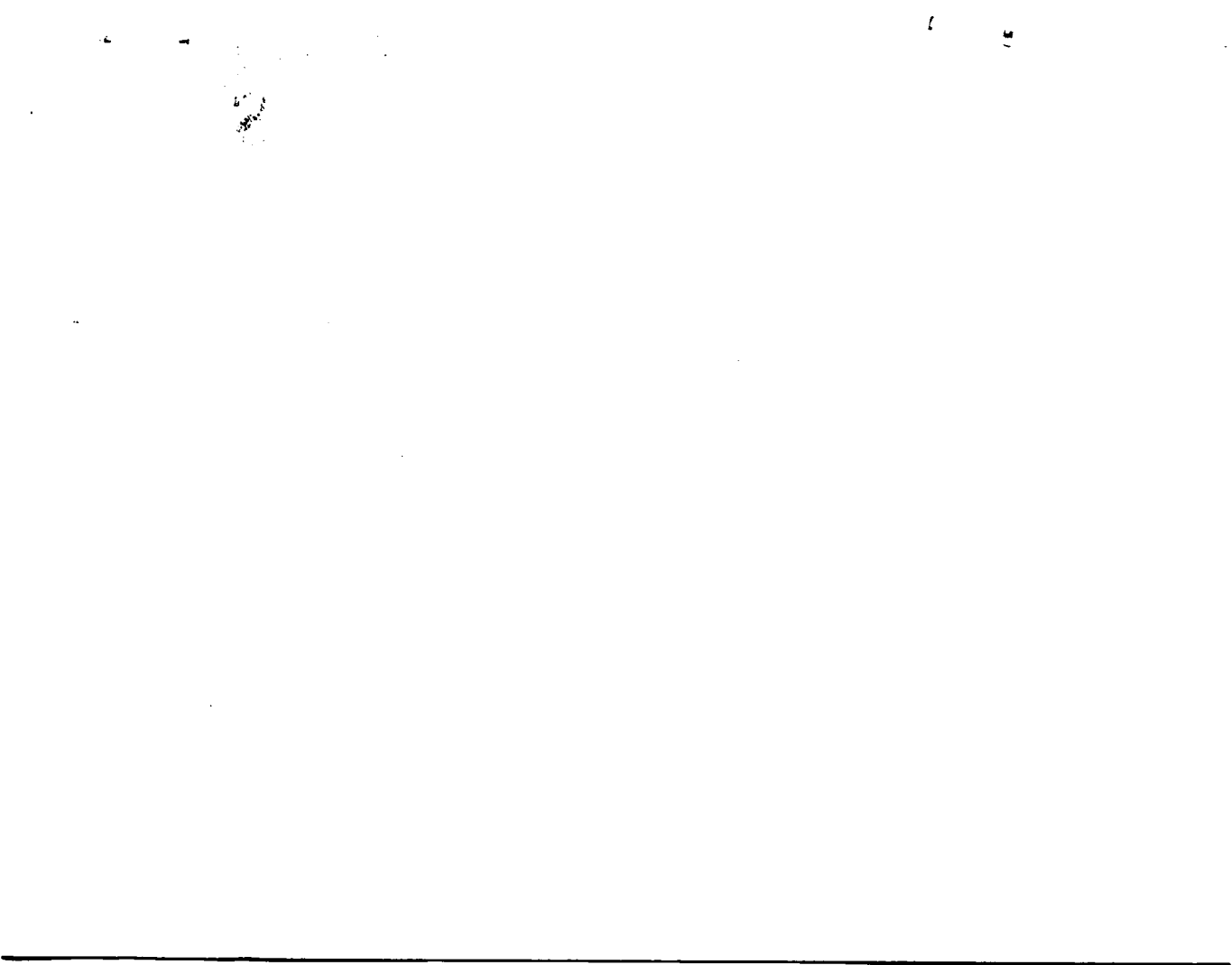
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive {Stillborn } at 9:15 A. M.
on the date above stated.

(Signature) C. H. Rich
M.D.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Lava Hot Springs
Filed June 1 1931 Mrs. G. H. Pitt
Registrar



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED JUN 3 1931
DO NOT WRITE IN THIS SPACE
75070
State File No.

PLACE OF DEATH
County of Bannock
City of Lava Hot Springs
Registration District No. 84
Primary Registration District No. 2161

Local Registrar's No. 222

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stilbirth

(a) Residence. No. M. E. Cannon St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE 0 Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Lester John Valline
(Address)

15. Filed June 1, 1931. Mrs. G. E. Fitz
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 28 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

on May 28, 1931, to 19,
that I last saw him alive on 19,
and that death occurred, on the date stated above, at 19 m.

The CAUSE OF DEATH was as follows:

Stillbirth Due to
premature operative delivery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

M. E. Cannon
Did an operation precede death? No Date of 19

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. H. Rich M. D.
5-28, 1931 (Address) Lava Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

331720004 386

JUN 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **190951**

1. PLACE OF BIRTH

County of Ben Loke

City of Sharon

No. (Ovoid) St.

(If born in hospital or institution give name.)

Registration District No. 5-3

State File No. 163

Prim. Registration District No.

Local Registrar's No. 163

2. FULL NAME OF CHILD

Robert Garden Clayton

3. Sex

Male

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term X

7. Legiti-

mate? Yes

8. Date of birth

May 20, 1931
(MONTH, DAY, YEAR)

9. Full name

Robert Price Clayton

FATHER

18. Full maiden name

Mildred Thomas

MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State)

Sharon

19. Residence (usual place of abode)
(If non-resident, give place and state)

Sharon

11. Color or race

White

12. Age at last birthday 28 (years)

20. Color or race

White

21. Age at last birthday 36 (years)

13. Birthplace (city or place)
(State or country)

Idaho

22. Birthplace (city or place)
(State or country)

Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School teacher

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

School teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation

Full term

months or weeks

29. Cause of stillbirth

Unknown

Before labor

During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(DATE OF)

(Signed)

O. Moore

M. D.

or

Midwife

Address

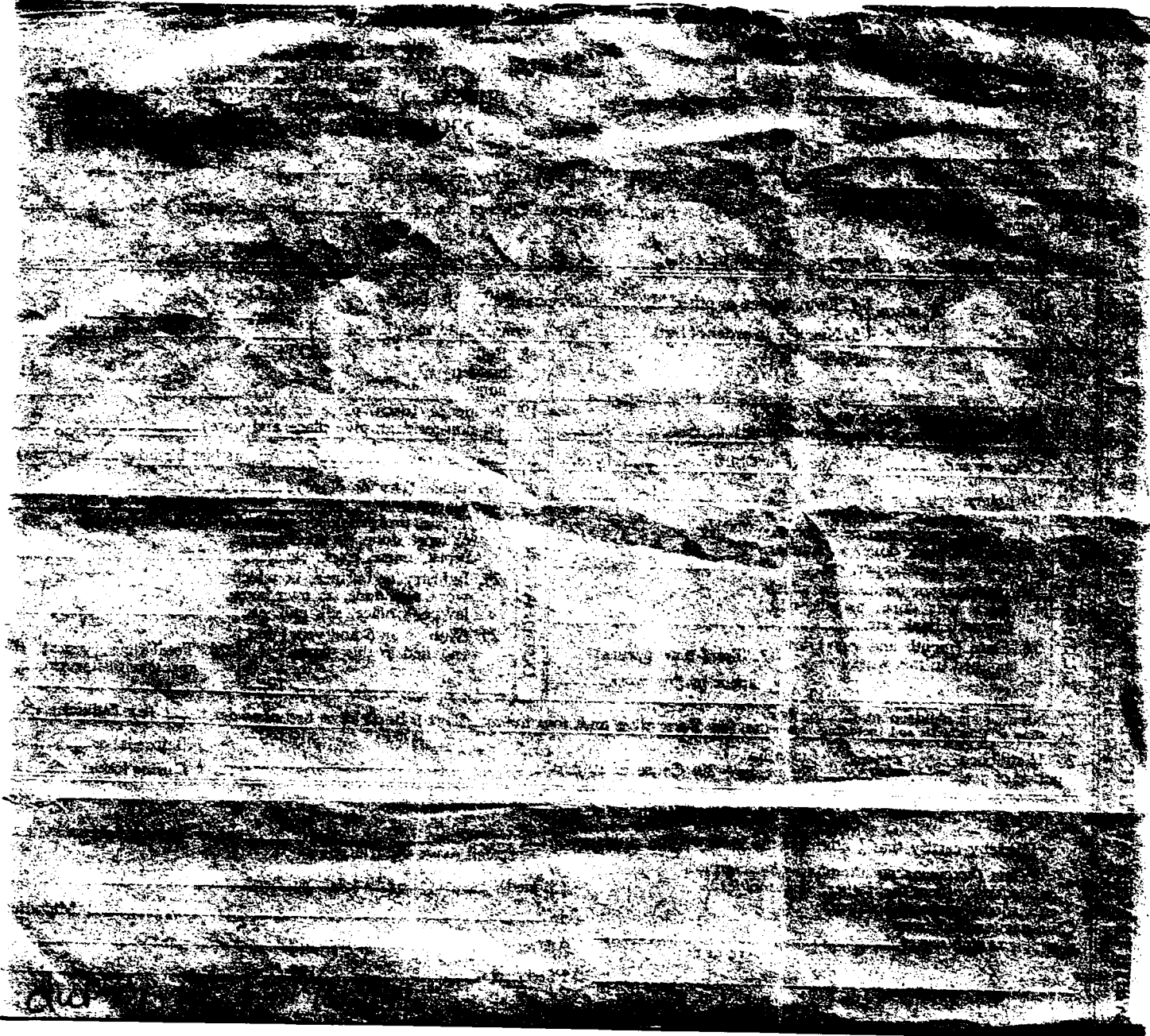
Paris Idaho

Filed

May 30, 1931 Mrs. Arthur Hest

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		COUNTY OF <u>Bear Lake</u>		State File No. <u>75090</u>	
CITY OF <u>Sharon</u>		REGISTRATION DISTRICT NO. <u>53</u>		LOCAL REGISTRAR'S NO. <u>170</u>	
PRIMARY REGISTRATION DISTRICT NO.		(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME.....					
(a) Residence. No.....St. (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>May 20th 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)					
13. NAME <u>Robert Price Clayton</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Paris Idaho</u>					
15. MAIDEN NAME <u>Mildred Thomas</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT <u>Harold N. Clayton</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Paris</u> Date <u>May 21, 1931</u>					
19. UNDERTAKER (Address)					
20. FILED <u>May 29, 1931</u> <u>Mrs. Arthur Hess.</u> Registrar.					
21. DATE OF DEATH (month, day, and year) 193 <u>May 20th</u>					
22. I HEREBY CERTIFY, That I attended deceased <u>from 10^{am} on May 20th</u> , 193 <u>1</u> , to....., 193..... I last saw h..... alive on....., 193.....: death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows: <u>Stillborn</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) <u>C. O. Moore</u> , M. D. (Address) <u>Paris Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

JUN 30 1922

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho
No. _____ St. _____

L.D.S. Hospital
(If born in hospital or institution
give name.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
191077

Registration District No. 73 State File No. _____
Prim. Registration District No. 2150 Local Registrar's No. 201-

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	<u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of birth	<u>5</u>	<u>13</u>	<u>1931</u>
						(Month)	(Day)	(Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 6 (a) Born alive and now living 3
Born alive but now dead 0 Stillborn 3

FATHER
FULL NAME William James Barnes
Residence (Usual place of abode) Milo, Idaho
If non-resident, give place and State _____
Color or race White Age at last Birthday 33 (Years)
Birthplace Idaho Falls, Idaho
(City and State or County)
Occupation Laborer

MOTHER
FULL MAIDEN NAME Thora Newman
Residence (Usual place of abode) Milo, Idaho
If non-resident, give place and State _____
Color or race White Age at last Birthday 28 (Years)
Birthplace Milo, Idaho
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:15 P. M.
on the date above stated.
(Signature) [Signature]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Physician
(Physician or ~~midwife~~)
Address Idaho Falls, Idaho
Filed May 15 1931 [Signature]
Registrar.

1910-11

STATE OF NEW YORK
IN SENATE
JANUARY 10, 1911

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 10, 1911

ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1911

STATE OF NEW YORK
IN SENATE
JANUARY 10, 1911

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 10, 1911

ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1911

It is the duty of the
Commissioner of the Land Office
to make a report to the Senate
on the condition of the land
in this State at the close of
the year 1910.

RECEIVED DATE JUN 6 1931
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75130
 State File No.

PLACE OF DEATH

County of Banyrele
 City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73
 Primary Registration District No. 214-D

Local Registrar's No. 101

(If death occurred in a hospital or institution, give its name instead of street and number.)
Stillbirth

2. FULL NAME

(a) Residence No. St.
 (Usual place of abode.)
 Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) -

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 13, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (city or town) Idaho Falls Idaho
 (State or country)

PARENTS

10. NAME OF FATHER William James Barnes

11. BIRTHPLACE OF FATHER (city or town) Idaho Falls
 (State or Country)

12. MAIDEN NAME OF MOTHER Thora Newquist

13. BIRTHPLACE OF MOTHER (city or town) Mills Idaho
 (State or Country)

14. Informant (Address) Wm. J. Barnes Idaho Falls Idaho

15. Filed May 14, 1931 C. J. Friedman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 13, 1931
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 1931, to 19,
 that I last saw him alive on 19,
 and that death occurred, on the date stated above, at 19 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 The CAUSE OF DEATH* was as follows:

Memorablage due to Rupture of uterus of month into abdomen

(duration) yrs. mos. ds. 1
 CONTRIBUTORY (Secondary) Premature 7 mo pregnancy

18. Where was disease contracted Phys. R. #3
 if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis Laprotomy

(Signed) Dr. J. R. #3, M. D.
5/13/31, 1931 (Address) Idaho Falls

19. Place of Burial, Cremation, or Removal Cremation Date of Burial 19

20. Undertaker none Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Idaho Falls

No. St. L. O. Hospital

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 73 State File No. _____

Prim. Registration District No. 2 Local Registrar's No. 4

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twin Triplet or other? _____	and {	Number in order of birth (To be answered only in event of plural births)	Legiti- mate? <u>yes</u>	Date of birth <u>May 14 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living _____

Born alive but now dead _____ Stillborn 1

FATHER FULL NAME <u>Royal E. Porter</u>	MOTHER FULL MAIDEN NAME <u>Edna May Lindholm</u>
--	---

Residence (Usual place of abode) Blackfoot

If non-resident, give place and State _____

Color or race W Age at last Birthday 43
(Years)

Birthplace _____
(City and State or County)

Occupation Dairyman

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Non-living at 422 a M.
on the date above stated.

(Signature) Clue Clue

(Physician or midwife)

Address Idaho Falls, Idaho

Filed May 14 1931 Arthur
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Still is one that neither breathes nor shows other evidence of life after death. One should make this woman a stillborn one, midwife, then the latter, homeopathist. If there was no attending physician.

(Physician or midwife)

000710bA

Exhibit 101-1

I strongly believe that I attended the birth of this child, who was born on 11/11/11.

~~for the record~~

SECRET

References

100-443887-100

(附 1A 表)

RECEIVED

100%
200%
300%

TERMIN

07004511

(c) Born alias [redacted]

What prophylactic was used to prevent Ophthalmia Neonatorum?

(att) ... to move at this time was not a D

1-10-71 10 1002

(LINES 40-50 MAY LIST)

SECRET

Registration No. 10171291

James J. Moran on "Hendall" brown and white; white and black.

10-9708 -11-29-1

7541 15 418705E)

RECEIVED
BUREAU OF STATISTICS
DEPARTMENT OF THE ARMY
JUN 10 1945

RECEIVED JUN 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75131

State File No.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 214-0

Local Registrar's No. 99

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Chie Leth

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word.) Stillborn

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 14 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls Idaho (State or country)

10. NAME OF FATHER

Royal E. Porter

11. BIRTHPLACE OF FATHER (city or town)

(State or Country) Hamington Utah

12. MAIDEN NAME OF MOTHER

Edna May Lindholm

13. BIRTHPLACE OF MOTHER (city or town)

(State or Country) Idaho Falls Idaho

14.

Informant (Address)

Abma Lindholm
Idaho Falls

15.

Filed

May 14, 1931 Chie Leth
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 14 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

..... 19....., to..... 19.....
that I last saw h..... alive on..... 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Chie Leth

CONTRIBUTORY (Secondary)

..... (duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) Chie Leth, M. D.

..... 19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Cremation - Idaho Falls May 14 1931

20. Undertaker

Address

none

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Preston Idaho
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

191215

(If born in hospital or institution
give name.)

Registration District No. 27 State File No.

Prim. Registration District No. 2119 Local Registrar's No. 129

FULL NAME OF CHILD

Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin <u>Single</u> and <u>5</u> Triplet or other? <u>5</u> (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of birth <u>May 31</u> 19 <u>11</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol and Boric Acid

Number of child of this mother, including present birth. 4 (a) Born alive and now living. 3

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Armon Tippetts</u>	MOTHER FULL MAIDEN NAME <u>Esther Wilson</u>
---	---

Residence (Usual place of abode) Preston Idaho Preston Idaho

If non-resident, give place and State

Color or race white Age at last Birthday 39 white Age at last Birthday 39

Birthplace Surgetown Idaho Burdick (City and State or County) Sharon Idaho Burdick (City and State or County)

Occupation laborer housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 2 30 P. M.
on the date above stated.

(Signature) G. W. Stiles

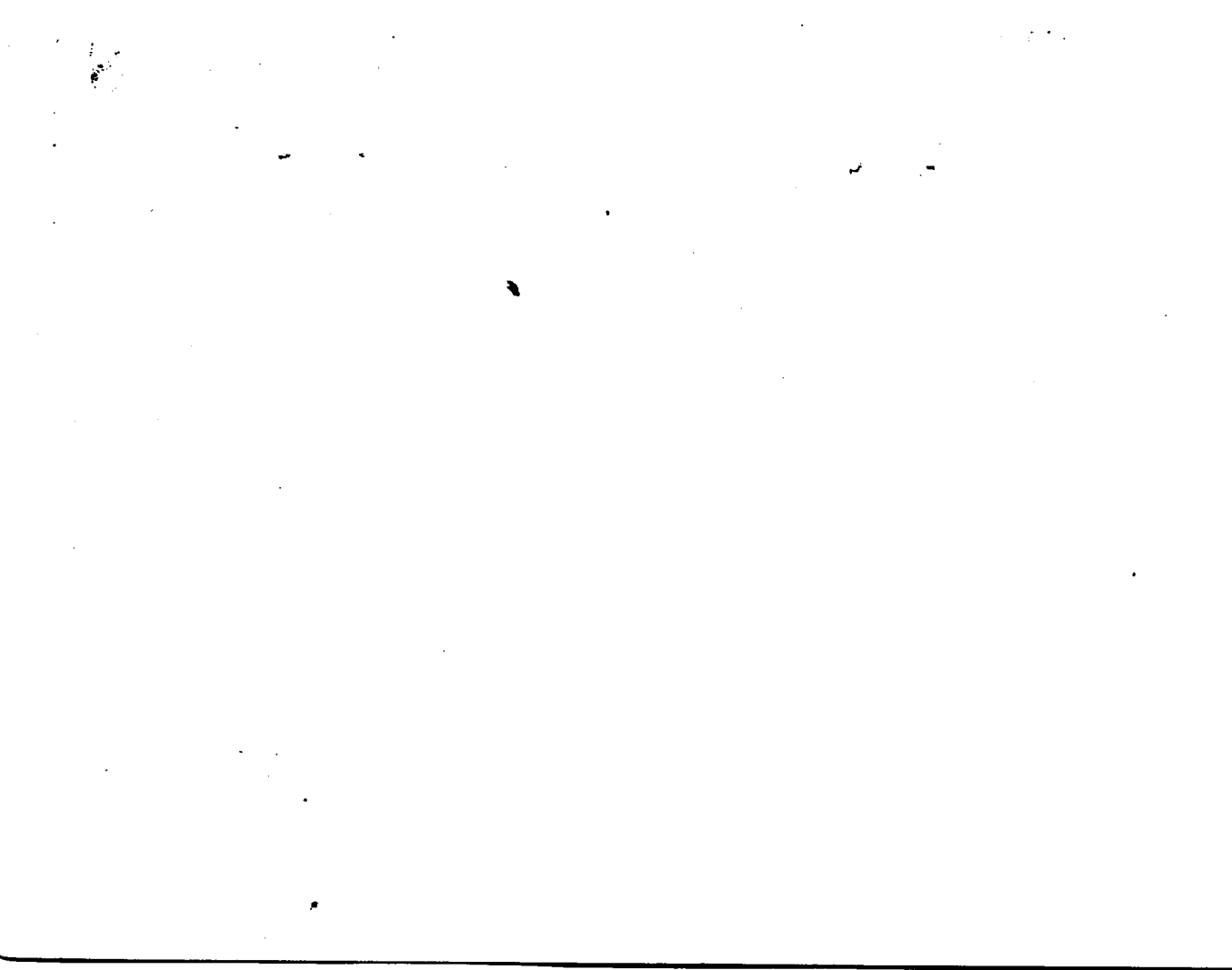
M. D.
(Physician or midwife)

Address Preston Idaho

Filed 19 J. R. Oeller

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JUN 4 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75194

State File No.

PLACE OF DEATH

County of *Franklin*
City of *Preston*

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *No Name. Still born.*

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mo. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Infant born dead*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ☒

6. DATE OF BIRTH (month, day and year) *May 31-1931*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Born dead

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *None*

(b) General nature of industry, business, or establishment in which employed (or employer) ☒

(c) Name of employer ☒

9. BIRTHPLACE (city or town) *Preston Idaho*
(State or country)

10. NAME OF FATHER *Caron Lippetts*

11. BIRTHPLACE OF FATHER (city or town) *Idaho*
(State or Country) *George town*

12. MAIDEN NAME OF MOTHER *Esther Wixom*

13. BIRTHPLACE OF MOTHER (city or town) *Idaho*
(State or Country) *Sharon*

14. Informant (Address) *Caron Lippetts*

15. Filed *1931* Registrar *C. P. Quiles*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *No date Still born*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 31-1931* to *May 31-1931*
that I last saw *Infant born dead* arrive on *May 31-1931*

and that death occurred, on the date stated above, at *1* m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Infant dead several days at birth - Cause unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ☒
if not at place of death?

Did an operation precede death? *no* Date of *—*

Was there an autopsy? *no*

What test confirmed diagnosis? *Clinical*

(Signed) *G. W. Slater*, M. D.

June 1-1931 (Address) *Preston Idaho*

19. Place of Burial, Cremation, or Removal Date of Burial

20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Preston Idaho
No. St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 27 State File No.
Prim. Registration District No. 2119 Local Registrar's No. 116
Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin <u>2</u> Triplet <u>1</u> or other? <u>single</u>	Number in order of birth <u>5</u>	Legitimate? <u>yes</u>	Date of birth <u>May 30</u> 19 <u>31</u> (Month) (Day) (Year)
----------------------------	--	-----------------------------------	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol and Boric AcidNumber of child of this mother, including present birth. 5 (a) Born alive and now living 4Born alive but now dead. Stillborn 1

FATHER FULL NAME <u>Marley Jorgensen</u>	MOTHER FULL MAIDEN NAME <u>Afton Arew</u>
---	--

Residence (Usual place of abode) Preston Idaho Preston Idaho

If non-resident, give place and State. If non-resident, give place and State.

Color or race white Age at last Birthday 39 white Age at last Birthday 32
(Years) (Years)Birthplace Chihuahua Mexico Franklin Idaho
(City and State or County) (City and State or County)Occupation Laborer Housewife

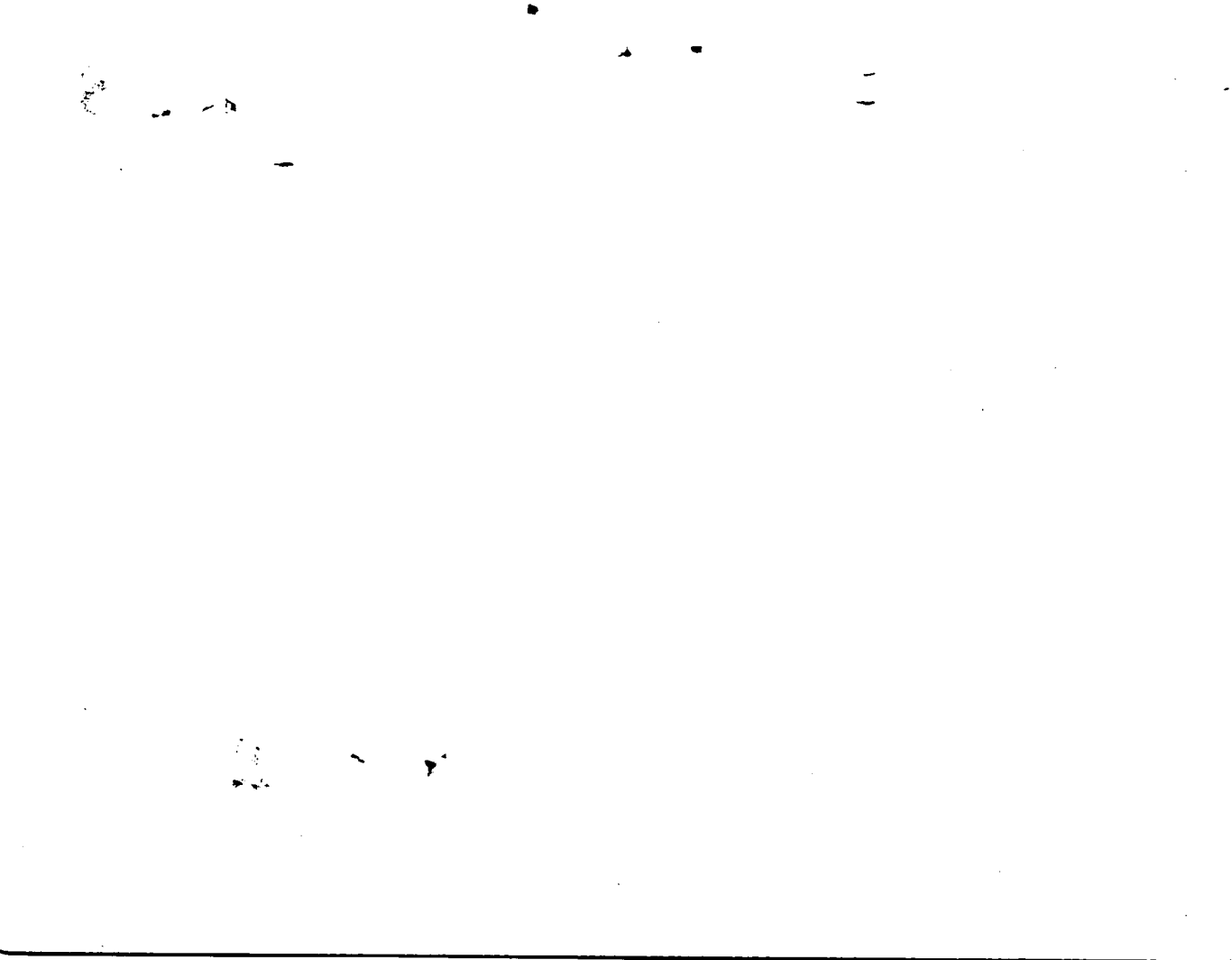
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8 9 A. M.
on the date above stated.

(Signature) E. C. StilesM. D.
(Physician or midwife)Address Preston IdahoFiled 19 A. R. Butler

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
75193
State File No.

PLACE OF DEATH
County of Franklin
City of Preston

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.
(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME No name - Infant Still Born

(a) Residence No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) May 30 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

10. NAME OF FATHER

Marley Jorgensen
11. BIRTHPLACE OF FATHER (city or town) Chihuahua
(State or Country) Mexico

12. MAIDEN NAME OF MOTHER

Olton Frew
13. BIRTHPLACE OF MOTHER (city or town) Franklin Idaho
(State or Country)

14. Informant (Address) Mrs Marley Jorgensen

15. Filled 19.....
C. P. Cullen
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May - 30 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to May 30, 1931
that I last saw Born dead alive on 19.....
and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still born - Pre-eclampsia
labor at 6 1/2 months of
gestation -

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Quies trip from Calif
by mother (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? E. Chung

(Signed) E. W. Stiles, M. D.
June 1 - 1931 (Address) Preston Ida

19. Place of Burial, Cremation, or Removal Frew Cemetery Date of Burial May 31 1931

20. Undertaker Preston Idaho Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary),** may be entered as **Housewife, Housework, or At Home,** and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS,** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson
City of Piggy No. II.
No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

STATE OF IDAHO JUNE 5 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 State File No. 191349

Prim. Registration District No. 2176 Local Registrar's No. _____

Sex of Child <u>Female</u>	Twin Triplet <input checked="" type="checkbox"/> and <input type="checkbox"/> or other? _____ (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Feb. 9, 1931</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. _____ (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Floyd Clement</u> Residence (Usual place of abode) <u>Piggy No. II.</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Piggy No. II.</u> (City and State or County) Occupation <u>Farmer</u>	MOTHER FULL MAIDEN NAME <u>Belva Hedgson</u> Residence (Usual place of abode) <u>Piggy No. II.</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>19</u> (Years) Birthplace <u>Thornton, Idaho</u> (City and State or County) Occupation <u>Housewife</u>
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ☒ Stillborn ☐ at 11:45 A. M. on the date above stated.

(Signature) W. R. West

(Physician or midwife)

Address Piggy No. II.

Filed APR 16 1931 C. H. GAVIN, M.D.

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

10-10-68 10:00 AM

Plm. Regis. - 1910

END OF PAGE 11

(1) Without substituting the word "shall" for "may" in the word

[illegible]

...not properly used to prevent opportunity for

...of child ... including present ... (7) ...

PROFIT:

Stamps: 10¢, 15¢, 20¢, 25¢, 30¢, 35¢, 40¢, 45¢, 50¢, 55¢, 60¢, 65¢, 70¢, 75¢, 80¢, 85¢, 90¢, 95¢, 1.00, 1.05, 1.10, 1.15, 1.20, 1.25, 1.30, 1.35, 1.40, 1.45, 1.50, 1.55, 1.60, 1.65, 1.70, 1.75, 1.80, 1.85, 1.90, 1.95, 2.00, 2.05, 2.10, 2.15, 2.20, 2.25, 2.30, 2.35, 2.40, 2.45, 2.50, 2.55, 2.60, 2.65, 2.70, 2.75, 2.80, 2.85, 2.90, 2.95, 3.00, 3.05, 3.10, 3.15, 3.20, 3.25, 3.30, 3.35, 3.40, 3.45, 3.50, 3.55, 3.60, 3.65, 3.70, 3.75, 3.80, 3.85, 3.90, 3.95, 4.00, 4.05, 4.10, 4.15, 4.20, 4.25, 4.30, 4.35, 4.40, 4.45, 4.50, 4.55, 4.60, 4.65, 4.70, 4.75, 4.80, 4.85, 4.90, 4.95, 5.00, 5.05, 5.10, 5.15, 5.20, 5.25, 5.30, 5.35, 5.40, 5.45, 5.50, 5.55, 5.60, 5.65, 5.70, 5.75, 5.80, 5.85, 5.90, 5.95, 6.00, 6.05, 6.10, 6.15, 6.20, 6.25, 6.30, 6.35, 6.40, 6.45, 6.50, 6.55, 6.60, 6.65, 6.70, 6.75, 6.80, 6.85, 6.90, 6.95, 7.00, 7.05, 7.10, 7.15, 7.20, 7.25, 7.30, 7.35, 7.40, 7.45, 7.50, 7.55, 7.60, 7.65, 7.70, 7.75, 7.80, 7.85, 7.90, 7.95, 8.00, 8.05, 8.10, 8.15, 8.20, 8.25, 8.30, 8.35, 8.40, 8.45, 8.50, 8.55, 8.60, 8.65, 8.70, 8.75, 8.80, 8.85, 8.90, 8.95, 9.00, 9.05, 9.10, 9.15, 9.20, 9.25, 9.30, 9.35, 9.40, 9.45, 9.50, 9.55, 9.60, 9.65, 9.70, 9.75, 9.80, 9.85, 9.90, 9.95, 10.00, 10.05, 10.10, 10.15, 10.20, 10.25, 10.30, 10.35, 10.40, 10.45, 10.50, 10.55, 10.60, 10.65, 10.70, 10.75, 10.80, 10.85, 10.90, 10.95, 11.00, 11.05, 11.10, 11.15, 11.20, 11.25, 11.30, 11.35, 11.40, 11.45, 11.50, 11.55, 11.60, 11.65, 11.70, 11.75, 11.80, 11.85, 11.90, 11.95, 12.00, 12.05, 12.10, 12.15, 12.20, 12.25, 12.30, 12.35, 12.40, 12.45, 12.50, 12.55, 12.60, 12.65, 12.70, 12.75, 12.80, 12.85, 12.90, 12.95, 13.00, 13.05, 13.10, 13.15, 13.20, 13.25, 13.30, 13.35, 13.40, 13.45, 13.50, 13.55, 13.60, 13.65, 13.70, 13.75, 13.80, 13.85, 13.90, 13.95, 14.00, 14.05, 14.10, 14.15, 14.20, 14.25, 14.30, 14.35, 14.40, 14.45, 14.50, 14.55, 14.60, 14.65, 14.70, 14.75, 14.80, 14.85, 14.90, 14.95, 15.00, 15.05, 15.10, 15.15, 15.20, 15.25, 15.30, 15.35, 15.40, 15.45, 15.50, 15.55, 15.60, 15.65, 15.70, 15.75, 15.80, 15.85, 15.90, 15.95, 16.00, 16.05, 16.10, 16.15, 16.20, 16.25, 16.30, 16.35, 16.40, 16.45, 16.50, 16.55, 16.60, 16.65, 16.70, 16.75, 16.80, 16.85, 16.90, 16.95, 17.00, 17.05, 17.10, 17.15, 17.20, 17.25, 17.30, 17.35, 17.40, 17.45, 17.50, 17.55, 17.60, 17.65, 17.70, 17.75, 17.80, 17.85, 17.90, 17.95, 18.00, 18.05, 18.10, 18.15, 18.20, 18.25, 18.30, 18.35, 18.40, 18.45, 18.50, 18.55, 18.60, 18.65, 18.70, 18.75, 18.80, 18.85, 18.90, 18.95, 19.00, 19.05, 19.10, 19.15, 19.20, 19.25, 19.30, 19.35, 19.40, 19.45, 19.50, 19.55, 19.60, 19.65, 19.70, 19.75, 19.80, 19.85, 19.90, 19.95, 20.00, 20.05, 20.10, 20.15, 20.20, 20.25, 20.30, 20.35, 20.40, 20.45, 20.50, 20.55, 20.60, 20.65, 20.70, 20.75, 20.80, 20.85, 20.90, 20.95, 21.00, 21.05, 21.10, 21.15, 21.20, 21.25, 21.30, 21.35, 21.40, 21.45, 21.50, 21.55, 21.60, 21.65, 21.70, 21.75, 21.80, 21.85, 21.90, 21.95, 22.00, 22.05, 22.10, 22.15, 22.20, 22.25, 22.30, 22.35, 22.40, 22.45, 22.50, 22.55, 22.60, 22.65, 22.70, 22.75, 22.80, 22.85, 22.90, 22.95, 23.00, 23.05, 23.10, 23.15, 23.20, 23.25, 23.30, 23.35, 23.40, 23.45, 23.50, 23.55, 23.60, 23.65, 23.70, 23.75, 23.80, 23.85, 23.90, 23.95, 24.00, 24.05, 24.10, 24.15, 24.20, 24.25, 24.30, 24.35, 24.40, 24.45, 24.50, 24.55, 24.60, 24.65, 24.70, 24.75, 24.80, 24.85, 24.90, 24.95, 25.00, 25.05, 25.10, 25.15, 25.20, 25.25, 25.30, 25.35, 25.40, 25.45, 25.50, 25.55, 25.60, 25.65, 25.70, 25.75, 25.80, 25.85, 25.90, 25.95, 26.00, 26.05, 26.10, 26.15, 26.20, 26.25, 26.30, 26.35, 26.40, 26.45, 26.50, 26.55, 26.60, 26.65, 26.70, 26.75, 26.80, 26.85, 26.90, 26.95, 27.00, 27.05, 27.10, 27.15, 27.20, 27.25, 27.30, 27.35, 27.40, 27.45, 27.50, 27.55, 27.60, 27.65, 27.70, 27.75, 27.80, 27.85, 27.90, 27.95, 28.00, 28.05, 28.10, 28.15, 28.20, 28.25, 28.30, 28.35, 28.40, 28.45, 28.50, 28.55, 28.60, 28.65, 28.70, 28.75, 28.80, 28.85, 28.90, 28.95, 29.00, 29.05, 29.10, 29.15, 29.20, 29.25, 29.30, 29.35, 29.40, 29.45, 29.50, 29.55, 29.60, 29.65, 29.70, 29.75, 29.80, 29.85, 29.90, 29.95, 30.00, 30.05, 30.10, 30.15, 30.20, 30.25, 30.30, 30.35, 30.40, 30.45, 30.50, 30.55, 30.60, 30.65, 30.70, 30.75, 30.80, 3

2678 ... 1942-1943-1944

[Faint, illegible text at the bottom of the page]

10-10-68

100-443887-100

SECRET

RECEIVED BY THE DIRECTOR OF THE FBI

I hereby certify that [redacted] was born at [redacted] on [redacted]

at the last moment.

CONFIDENTIAL

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22-106A

shows the results of the afterburner tests. The engine was operated at 100% power for 10 minutes before the afterburner was ignited. The engine temperature was 1800° F. The afterburner was ignited at 100% power and the engine temperature rose to 2000° F. The afterburner was then extinguished and the engine temperature fell back to 1800° F.

RECEIVED JUN 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75214

State File No.

PLACE OF DEATH

County of Jefferson

City of Rigby,

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2176

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Not Named

Stillbirth

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.M. 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Babe

5a. If married, widowed, or divorced

HUSBAND
(or) WIFE

Babe

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Babe

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER Floyd Clement

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Belva Heileson

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Floyd Clement
(Address)

15. JUN 1 1931 19 C. H. GAVIN, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Feb.

9

19

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceas d from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH, was as follows:

Stillbirth "twisting of Cord near navel short off circulation."

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) M. T. West M. D. 2/9 1931 (Address) Rigby Idaho

19. Place of Burial, Cremation, or Removal Rigby, Date of Burial 2/9 1931

20. Undertaker W. B. Kersell Rigby Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Signographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

818-208029 813

PLACE OF BIRTH

County of Latah

City of Moscow

No. The Gritman St.

Hospital

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Apr 8</u> 193 <u>1</u>
	(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead — Stillborn 1

FATHER	MOTHER
FULL NAME <u>Colmer Haynes</u>	FULL MAIDEN NAME <u>Ruby Hall</u>

Residence (Usual place of abode) Moscow, Ida

If non-resident, give place and State

Color or race White Age at last Birthday 39 (Years)

Birthplace Washington (City and State or County)

Occupation Farmer

Color or race White Age at last Birthday 31 (Years)

Birthplace Kansas (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7:40 P M.
on the date above stated.

(Signature) Chas. L. Gritman MD

(Physician or midwife)

Address Moscow Idaho

Filed 5-2 D 1931 Chas. L. Gritman Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Where there was no attending physician or midwife, then the father, householder, or other should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1. The first of these is the fact that the
the above-mentioned.

UNITED STATES DEPARTMENT OF JUSTICE

000000 TO 0100Z 08MAY 70

CONFIDENTIAL

..... (signature)

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

...and the ...

What prophylactic use is made to prevent influenza infections?

[illegible]

FILED WITH US CHIEF

[illegible]

_____ b7C

10-11-1964

(continued on next page)

245346A

SECRET

the birth of this child, who was

100-443886-1

(1940) 20-12-1940

APR 1 1966

10-10-68

(a) Boys' and Girls' Club

Содержание

10 01st 1941

10-20-50

RECEIVED - 10 JAN 1971

DEPARTMENT OF PUBLIC AFFAIRS
HONG KONG

10-10-68

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECEIVED MAY 1931

DO NOT WRITE IN THIS SPACE

State File No. **75250**

PLACE OF DEATH
County of **Latah**
City of **MOSCOW**

Registration District No. **61**
Primary Registration District No. **10.11**

Local Registrar's No. **19**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Haynes (Stillborn)**

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX **Female** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day and year) **Apr. 8, 1931**
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) **MOSCOW**
(State or country)10. NAME OF FATHER **Elmer Haynes**11. BIRTHPLACE OF FATHER (city or town) **Pullman**
(State or Country)12. MAIDEN NAME OF MOTHER **Ruby Hall**13. BIRTHPLACE OF MOTHER (city or town) **Mo.**
(State or Country)14. Informant **Elmer Haynes**
(Address) **MOSCOW, Ida. R.F.D. No. 1.**15. Filed **5-20, 1931** **J. J. J. J. J.**
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Apr. 8, 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Apr. 8, 1931, to **19**
that I last saw ~~her~~ **alive on** **apr 8**, 19**31**
and that death occurred, on the date stated above, at **7:40 PM.**
The CAUSE OF DEATH* was as follows:

Stillborn.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? **Chas. L. G. G. G.**, M. D.
(Signed) **4/9/31**, 19 (Address) **MOSCOW, Ida.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Clinton Cemetery, Wash.** Date of Burial **4/9/31**20. Undertaker **H. R. S. S. S.** Address **MOSCOW**

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH *Latah* RECEIVED JUN 8 1931 STATE OF IDAHO
County of *Latah* DEPARTMENT OF PUBLIC WELFARE
City of *Troy* BUREAU OF VITAL STATISTICS
No. *2* St. CERTIFICATE OF BIRTH 191488

Registration District No. *64* State File No. *2144*
(If born in hospital or institution give name.) *Stillbirth* Local Registrar's No. *Meyer*
FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child *male* Twin Triplet or other? *and* Number in order of birth *1* Legitimate? *yes* Date of birth *6-3-1931*
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? *none*
Number of child of this mother, including present birth *1st* (a) Born alive and now living *none*
Born alive but now dead *none* Stillborn *one*

FATHER	MOTHER
FULL NAME <i>Charles G. Meyer</i>	FULL MAIDEN NAME <i>Gunda Goodman</i>
Residence (Usual place of abode) <i>Troy, Idaho</i>	Residence (Usual place of abode) <i>Troy, Idaho</i>
It non-resident, give place and State <i>Idaho</i>	It non-resident, give place and State <i>Idaho</i>
Color or race <i>White</i> Age at last Birthday <i>40</i>	Color or race <i>White</i> Age at last Birthday <i>35</i>
Birthplace <i>Wisconsin</i>	Birthplace <i>Minnesota</i>
Occupation <i>Physician</i>	Occupation <i>Housewife</i>

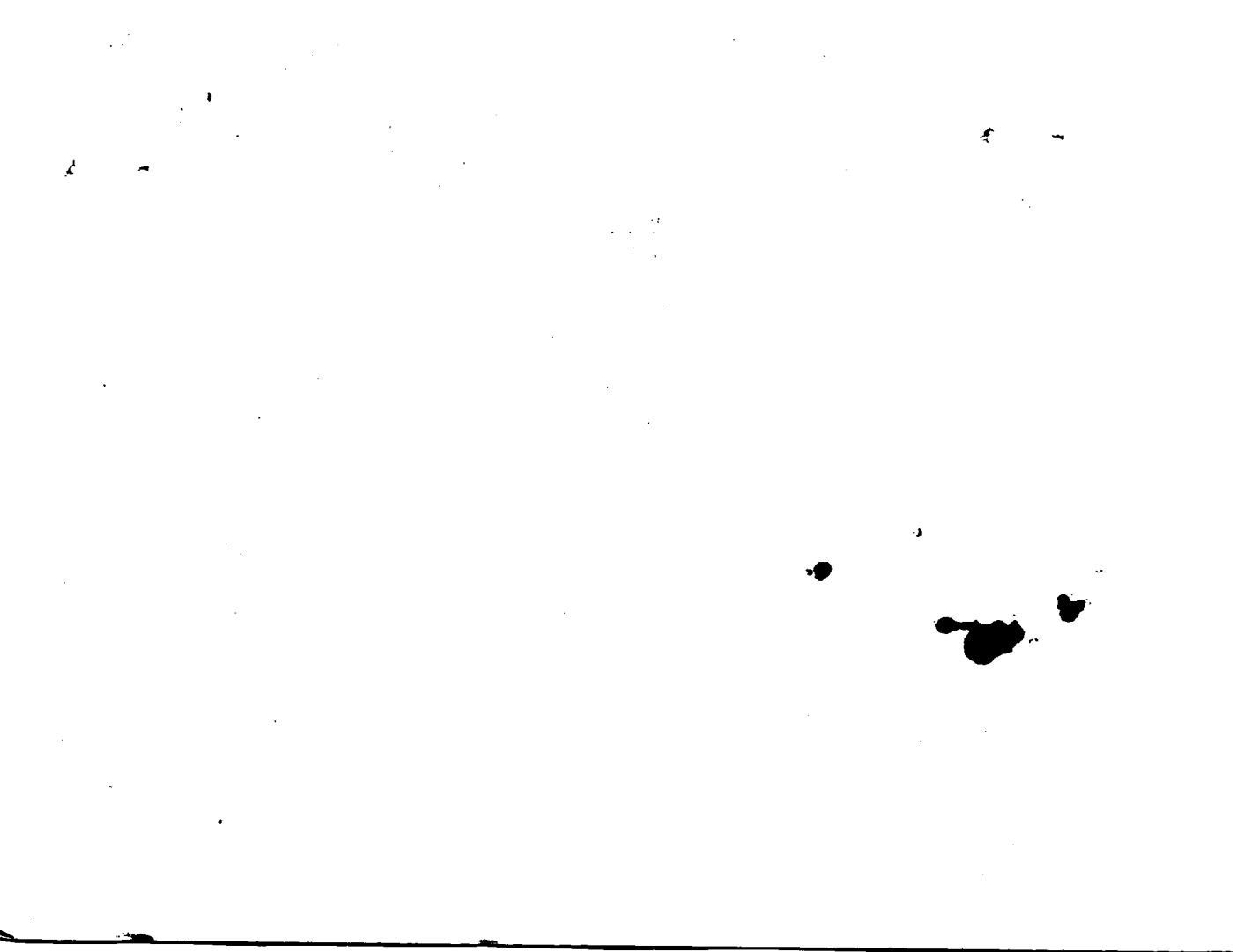
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *3 30 P.M.*
on the date above stated.

(Signature) *Charles G. Meyer M.D.*
(Physician or midwife)

Address *Troy, Idaho*
Filed *June 9, 1931* *Lucy M. Peckard*
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED JUN 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75251

State File No.

PLACE OF DEATH

County of Latah

City of Troy

Registration District No.

Primary Registration District No.

Local Registrar's No.

(No. (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Stillbirth) Meyer

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) 6-3-31

7 AGE Years Months Days Stillborn If LESS than 1 day, hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Troy, Idaho (State or country)

10 NAME OF FATHER Charles A. Meyer

11 BIRTHPLACE OF FATHER (city or town) Clark County Wisconsin (State or country)

12 M maiden NAME OF MOTHER Lunda Erdmannsen

13 BIRTHPLACE OF MOTHER (city or town) Minnesota (State or country)

14 Informant Chas. A. Meyer (Address) Troy, Idaho

15 Filed June 4 1931 Lucy D. Pickard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 3 1931 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 3 1931, to June 3 1931, that I last saw him alive on June 3 1931, and that death occurred, on the date stated above, at June 3 1931 m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. A. Meyer M. D. June 3 1931 (Address) Troy Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Wesdala cem Date of Burial June 3 1931

20. Undertaker John J. Pickard Address Troy Ida

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Frank
City of Salmon
No. St.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

191503

Registration District No. 41 State File No.
(If born in hospital or institution give name.) Prim. Registration District No. 2116 Local Registrar's No.
FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twins or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Apr 14</u> 19 <u>14</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 6 (a) Born alive and now living 4
Born alive but now dead. Stillborn

FATHER FULL NAME <u>Alvin Matthews</u> Residence (Usual place of abode) <u>Salmon</u> If non-resident, give place and State	MOTHER FULL MAIDEN NAME <u>Phoda Conway</u> Residence (Usual place of abode) <u>Salmon</u> If non-resident, give place and State
Color or race <u>Wh</u> Age at last Birthday <u>37</u> (Years)	Color or race <u>Wh</u> Age at last Birthday <u>34</u> (Years)
Birthplace <u>Ida</u> (City and State or County)	Birthplace <u>Ida</u> (City and State or County)
Occupation <u>Lab</u>	Occupation <u>W</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 10 a M.
on the date above stated.

(Signature) D. S. M. [Signature]
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed June 10 1931 Cliff Bellamy Registrar.

[illegible]

LY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

55-6720-032

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 16 State File No. _____

Prim. Registration District No. 1016 Local Registrar's No. 24

2. FULL NAME OF CHILD Derrick James Nelson

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth May 20 1931
(MONTH, DAY, YEAR)

9. Full name FATHER Claud Nelson 18. Full maiden name MOTHER [check]

10. Residence (usual place of abode) Shoshone 19. Residence (usual place of abode) [check]
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 22 (years) 20. Color or race [check] 21. Age at last birthday [check] (years)

13. Birthplace (city or place) Utah 22. Birthplace (city or place) [check]
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salvage 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. [check]

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. [check] 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. [check]

16. Date (month and year) last engaged in this work To date 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 10 mos. months or weeks 29. Cause of stillbirth unknown Before labor [check] During labor [check]

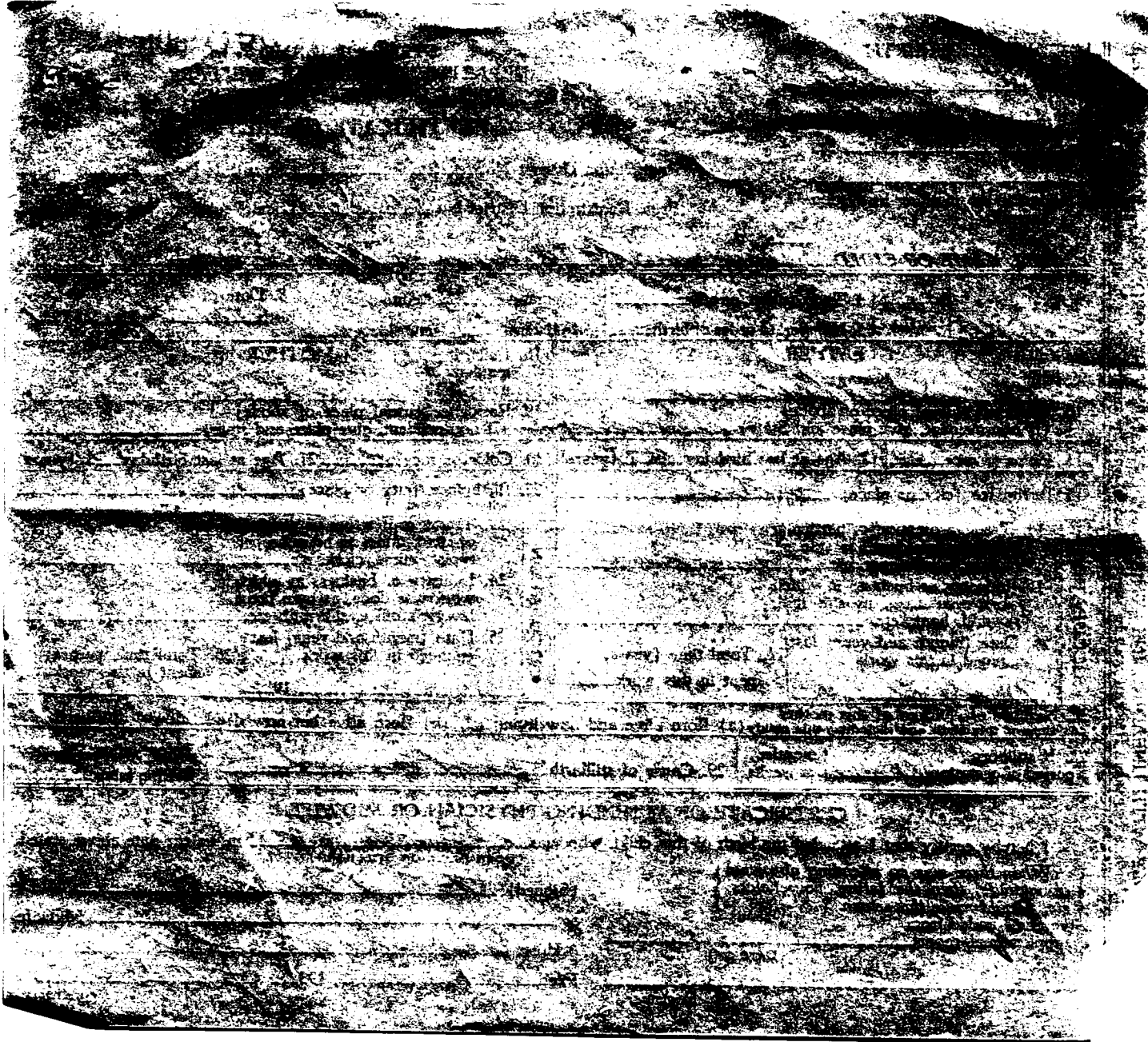
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Nelson at 8:00 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from a supplemental report _____ (DATE OF) _____

Registrar. _____ (Signed) T. E. Barrett, M. D.
or _____ Midwife
Address Shoshone, Idaho
Filed 6-9, 1931 J. L. Miller Registrar



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75271**

PLACE OF DEATH

County of Lincoln
City of Blanchard

Registration District No.
Primary Registration District No.

Local Registrar's No. 13

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dwight James Nelson

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Stillborn
7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Blanchard Idaho
(State or country)

10. NAME OF FATHER Claud Nelson

11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Estelah Coffman

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Mrs. N. J. Coffman
(Address) Blanchard Idaho

15. Filed May 21, 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
_____, 19____, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Stillborn Baby
(Cause undetermined)
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____

(Signed) T. E. Barrett, M. D.
3/21, 1931 (Address) Blanchard Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Shoshone Ida Date of Burial 5-21-1931

20. Undertaker C. E. Hickok Address Shoshone Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho
City of Report
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

191560

CERTIFICATE OF BIRTH

S

Report General Hosp Registration District No. 19 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2010 Local Registrar's No. 80

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>May 21</u> 19 <u>31</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead. 0 Stillborn 1

FATHER FULL NAME <u>Ernest M. Hansen</u>	FULL MAIDEN NAME <u>Eva Elvira Gress</u>
---	--

Residence (Usual place of abode) <u>Paul, Idaho</u>	Residence (Usual place of abode) <u>Paul, Idaho</u>
---	---

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>White</u> Age at last Birthday <u>28</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>26</u> (Years)
---	---

Birthplace <u>Payson, Idaho</u> (City and State or County)	Birthplace <u>Bozfield, Idaho</u> (City and State or County)
--	--

Occupation <u>Insurance Salesman</u>	Occupation <u>Housewife</u>
--------------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. Stillborn at 2:45 A. M.

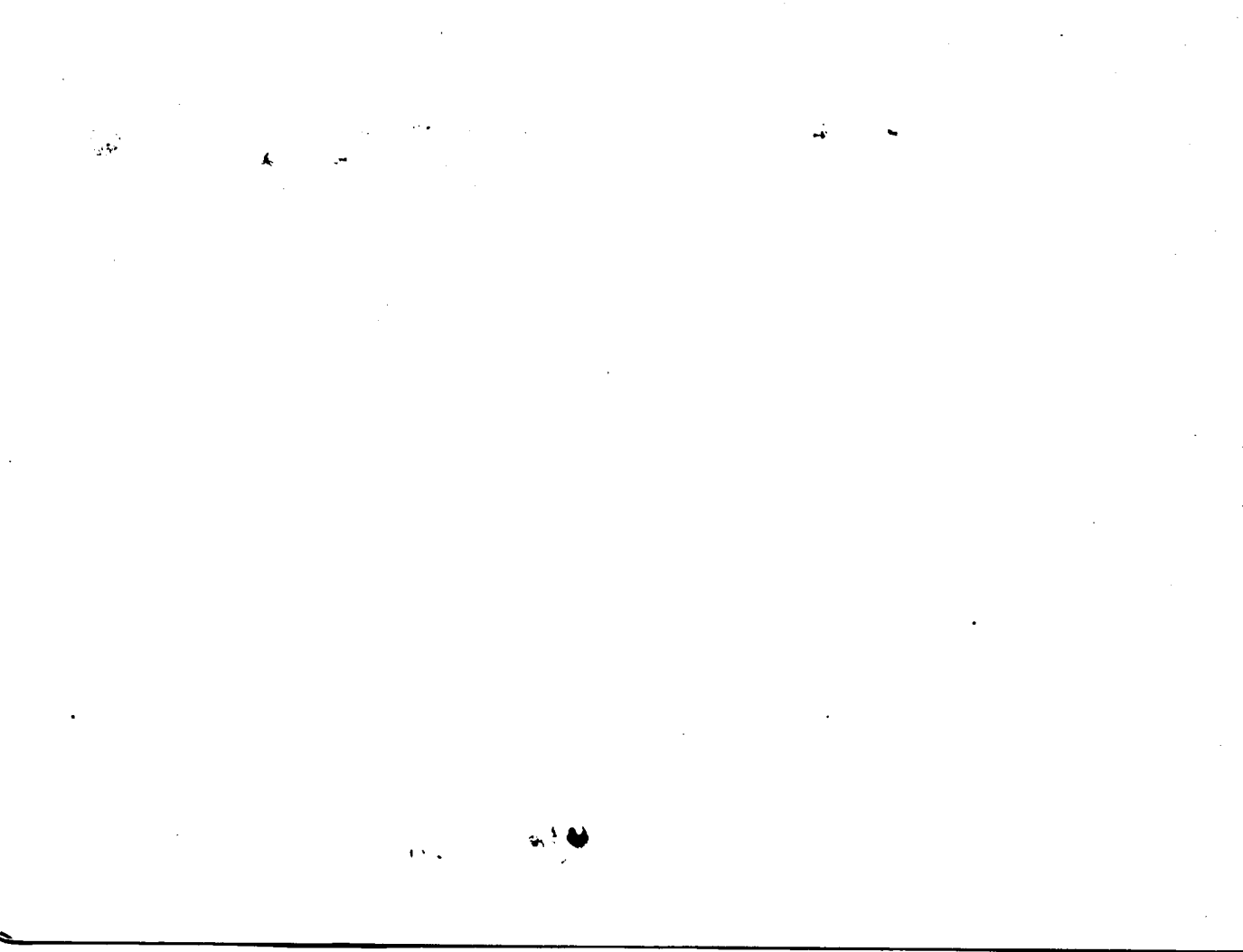
(Signature) Dean F. Frazier, M.D.

(Physician or midwife)

Address Bozfield, Idaho

Filed 6/3 1931 Elmore

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED JUN 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75278

State File No.

PLACE OF DEATH

County of *Missidoka*

City of *Rupert*

Registration District No.

Primary Registration District No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Baby Hansen*

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* COLOR OR RACE *W* 5. Single. Married. Widowed. or Divorced (write the word.) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) *May 31 - 1931*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *Still Born*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Rupert* (State or country) *Ida*

10. NAME OF FATHER *Ernest Hansen*

11. BIRTHPLACE OF FATHER (city or town) (State or Country) *Nebraska*

12. MAIDEN NAME OF MOTHER *Eda Greco*

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) *Richfield*

14. Informant (Address) *Leola Greco* *Idaho* *Burley*

15. Filed *10-10-1931* Registrar. *F. C. Miller*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *May 31* 19*31* (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *May 31* 19*31*, to *May 31* 19*31*, that I last saw *him* alive on *Stillborn* 19*31*, and that death occurred, on the date stated above, at *2:40 A.M.*

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature birth - Separation of placenta with hemorrhage - plus urina in mother (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Edna T. Greco* M. D. (Address) *Burley, Idaho*

19. Place of Burial, Cremation, or Removal *Burley Ida* Date of Burial *May 31 1931*

20. Undertaker *W. E. Johnson* Address *Burley*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PARENTS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Mag. Perce.
City of Lewiston
No 693 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 10 1931

191573

S

CERTIFICATE OF BIRTH

Registration District No. 96 State File No. 1009
(If born in hospital or institution give name.) St. Joseph's Local Registrar's No. 1009

FULL NAME OF CHILD Stillbirth Williams
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate?	Date of birth	1931
	(To be answered only in event of plural births)		<u>3rd</u>	<u>Yes</u>	<u>May 7</u> (Month) (Day) (Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate in eyes

Number of child of this mother, including present birth 3rd (a) Born alive and now living 1
Born alive but now dead 2 Stillborn None

FATHER		MOTHER	
FULL NAME	<u>Albert Williams</u>	FULL MAIDEN NAME	<u>Anne Anderson</u>
Residence (Usual place of abode)	<u>Kamiah, Id.</u>	Residence (Usual place of abode)	<u>Spalding, Id.</u>
If non-resident, give place and State		If non-resident, give place and State	
Color or race	<u>Indian</u>	Color or race	<u>Indian</u>
Age at last Birthday	<u>39</u>	Age at last Birthday	<u>37</u>
(Years)		(Years)	
Birthplace	<u>Kamiah, Id.</u>	Birthplace	<u>Spalding, Id.</u>
(City and State or County)		(City and State or County)	
Occupation	<u>Laborer</u>	Occupation	<u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 9:05 A. M. on the date above stated.
(Signature) Dorcas W. Palmer

(Physician or midwife)

Address Lewiston, Idaho
Filed 6/4/31 J. M. Lyle Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

107

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida
City of Stone Gap
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

191601

CERTIFICATE OF BIRTH

Registration District No. 24 State File No. S
Prim. Registration District No. 2309 Local Registrar's No. 5

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Triplet or Other? _____ and _____ Number in order of birth _____ Legitimate? Yes Date of birth May 4 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 3 (a) Born alive and now living 2

Born alive, but now dead _____ Stillborn _____

FATHER FULL NAME Wm LeRoy Stokes FULL MAIDEN NAME Edith E. Mills

Residence (Usual place of abode) Black Pine, Ida Residence (Usual place of abode) Black Pine, Ida

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race White Age at last Birthday 26 Color or race White Age at last Birthday 31
(Years) (Years)

Birthplace Shenandoah Birthplace Shenandoah, Utah
(City and State or County) (City and State or County)

Occupation Farmer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Stone Gap on the date above stated.

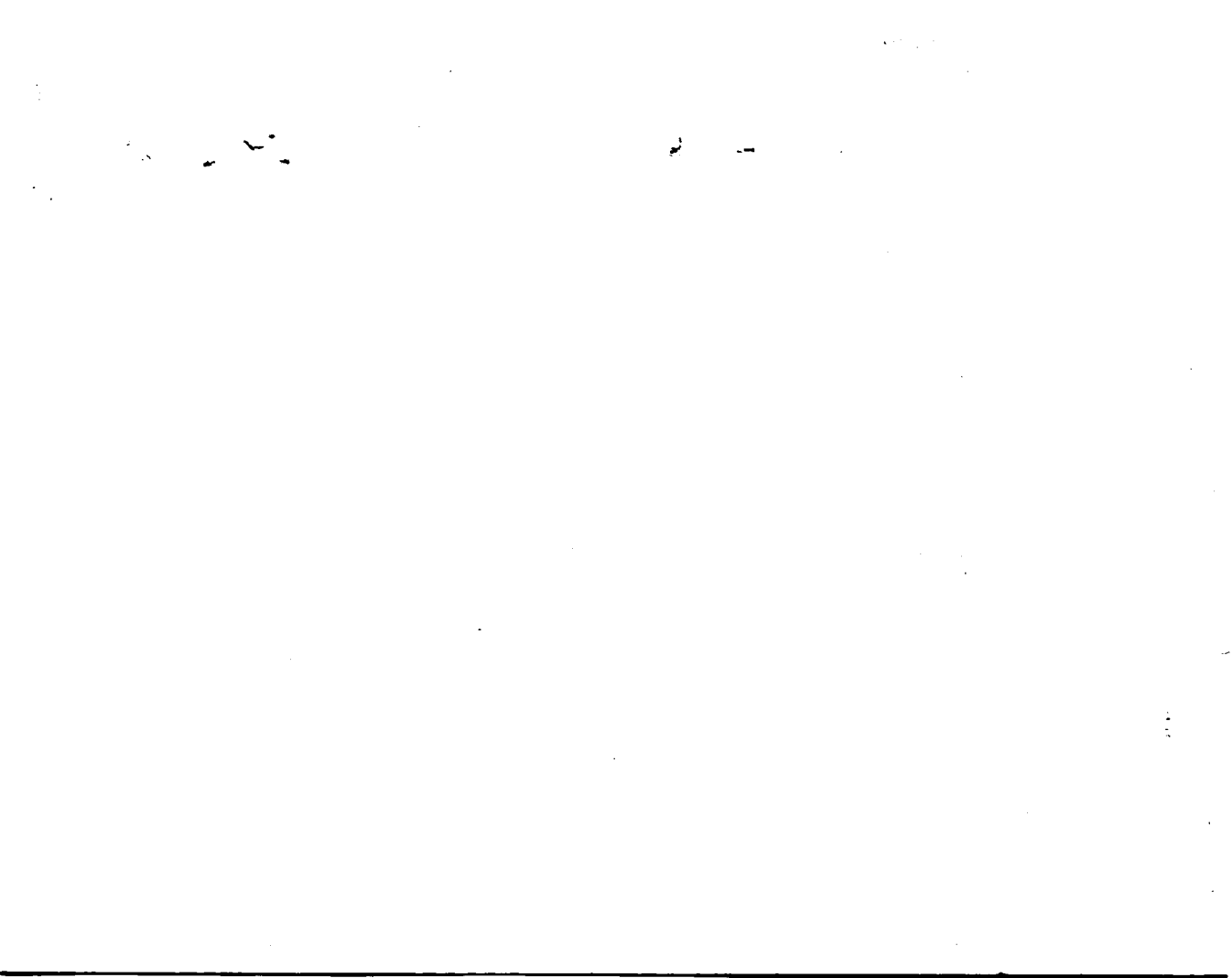
(Signature) W. E. Ardington

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Snowville, Utah

Filed 5/31 1931 J. M. Kerr

Registrar.



CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of BlaineCity of Stone

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 26Primary Registration District No. 2669(No. St.)File No. 75300Registered No. 17

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Stokes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

(Write the word.)

6. DATE OF BIRTH

May 4 1931
(Month) (Day) (Year)

7. AGE

StillbirthIF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Stone Idaho

10. NAME OF FATHER

William LeRoy Stokes

11. BIRTHPLACE OF FATHER

(State or Country)

Remonton Utah

12. MAIDEN NAME OF MOTHER

Edith Evelyn Mills

13. BIRTHPLACE OF MOTHER

(State or Country)

Henrieville Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wm L Stokes

(Address)

Blaine Idaho

15.

Filed 5-31 1931

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 4 1931 to May 4 1931
that I last saw her Stillbirthand that death occurred on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Stillbirth
due to premature placental
loosening
(Duration) Yrs. mos. ds.Contributory
(Secondary)

(Duration)

Yrs. mos. ds.

(Signed)

Wm L Stokes M. D.

19

(Address) Snowville Utah

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Snowville Utah May 4 1931

20. UNDERTAKER

ADDRESS

Joe Hartman Snowville Utah

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Shoshone
City of Wallace
No. Providence Hospital

STATE **RECEIVED JUN 1-8 1931**
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S 191646
CERTIFICATE OF BIRTH

Registration District No. 7a State File No. 42
Prim. Registration District No. 1011 Local Registrar's No. 2155
(Stillbirth.)

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Female	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? Yes	Date of birth	April 25, 1931
(To be answered only in event of plural births)						(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth I (a) Born alive and now living 0
Born alive but now dead 0 Stillborn

FATHER
FULL NAME Charles Ronald Finley
Residence (Usual place of abode) Wallace
If nonresident, give place and State Idaho
Color or race white Age at last Birthday 20 (Years)
Birthplace Burke, Idaho.
(City and State or Country)
Occupation Miner

MOTHER
FULL MAIDEN NAME Frances Mae Egan
Residence (Usual place of abode) Wallace
If nonresident, give place and State Idaho
Color or race white Age at last Birthday 21 (Years)
Birthplace Miles City, Montana.
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive
Stillborn } at 5²⁰ a M.
on the date above stated.

(Signature) James R Bean MD.

(Physician or midwife)

Address

Filed May 10 1931 J L Dringley
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

 County of Shoshone
City of Wallace
Registration District No. 70
 Primary Registration District No. 110 11
(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 452. FULL NAME Sylvia Finley(a) Residence. No. Wallace Idaho St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

 5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wallace, Idaho9. BIRTHPLACE (city or town) Wallace, Idaho
(State or country)10. NAME OF FATHER Chas Finley11. BIRTHPLACE OF FATHER (city or town) Baker
(State or Country) Idaho12. MAIDEN NAME OF MOTHER Frances Egan13. BIRTHPLACE OF MOTHER (city or town) Mont.
(State or Country)14. Informant (Address) Chas Finley
Wallace Idaho15. Filed Apr 27 1931 L. R. Zwigkey
Registrar

RECEIVED MAY 7 1931

DO NOT WRITE IN THIS SPACE

74973

State File No. _____

MEDICAL CERTIFICATE OF DEATH

 16. DATE OF DEATH April 25 1931
(Month) (Day) (Year)

 17. I HEREBY CERTIFY, That I attended deceased from Apr 25 1931 to Apr 25 1931
that I last saw him Stillborn 1931
and that death occurred, on the date stated above, at 4:30 A.M.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:
Stillborn

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James R. Bean M. D.4/25/31 (Address) Wallace

19. Place of Burial, Cremation, or Removal Date of Burial

Wallace, Idaho April 27 193120. Undertaker J. A. Byers AddressWard and Co. Wallace Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably such**, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

396-105-042-317
1. PLACE OF BIRTH
County of Iron
City of Castelford
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD _____

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth <u>1</u>	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 5</u> , 1931 (MONTH, DAY, YEAR)
9. Full name <u>Guy Thomas</u>	FATHER			18. Full maiden name <u>Willie Carpenter</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Castelford</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sumner</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>20</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>20</u> (years)
13. Birthplace (city or place) (State or country) <u>Idaho</u>				22. Birthplace (city or place) (State or country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>						
28. If stillborn, period of gestation <u>9</u> months or weeks		29. Cause of stillbirth <u>No apparent cause</u>				Before labor <u>yes</u> During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 6:50 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF) _____

Registrar.

(Signed) J. H. Murphy, M. D.

or _____, Midwife

Address Beul

Filed May 15, 1931

Registrar

RECEIVED JUN 5 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
191702
S

Registration District No. 39 State File No. _____

Prim. Registration District No. 2087 Local Registrar's No. _____

1940

Registration Number

Local Registration Number

DATE OF CARD

1. Name (last, first, middle)	2. Date of birth	3. Sex	4. Race	5. Height	6. Weight	7. Eyes	8. Hair	9. Complexion	10. Occupation	11. Education	12. Marital status	13. Date of entry	14. Date of departure	15. Date of return	16. Date of exit	17. Date of arrival	18. Date of departure	19. Date of return	20. Date of exit	21. Date of arrival	22. Date of departure	23. Date of return	24. Date of exit	25. Date of arrival	26. Date of departure	27. Date of return	28. Date of exit	29. Date of arrival	30. Date of departure	31. Date of return	32. Date of exit	33. Date of arrival	34. Date of departure	35. Date of return	36. Date of exit	37. Date of arrival	38. Date of departure	39. Date of return	40. Date of exit	41. Date of arrival	42. Date of departure	43. Date of return	44. Date of exit	45. Date of arrival	46. Date of departure	47. Date of return	48. Date of exit	49. Date of arrival	50. Date of departure	51. Date of return	52. Date of exit	53. Date of arrival	54. Date of departure	55. Date of return	56. Date of exit	57. Date of arrival	58. Date of departure	59. Date of return	60. Date of exit	61. Date of arrival	62. Date of departure	63. Date of return	64. Date of exit	65. Date of arrival	66. Date of departure	67. Date of return	68. Date of exit	69. Date of arrival	70. Date of departure	71. Date of return	72. Date of exit	73. Date of arrival	74. Date of departure	75. Date of return	76. Date of exit	77. Date of arrival	78. Date of departure	79. Date of return	80. Date of exit	81. Date of arrival	82. Date of departure	83. Date of return	84. Date of exit	85. Date of arrival	86. Date of departure	87. Date of return	88. Date of exit	89. Date of arrival	90. Date of departure	91. Date of return	92. Date of exit	93. Date of arrival	94. Date of departure	95. Date of return	96. Date of exit	97. Date of arrival	98. Date of departure	99. Date of return	100. Date of exit
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CERTIFICATE OF ATTENDING PHYSICIAN ON AID/WHILE

1. Name (last, first, middle)	2. Date of birth	3. Sex	4. Race	5. Height	6. Weight	7. Eyes	8. Hair	9. Complexion	10. Occupation	11. Education	12. Marital status	13. Date of entry	14. Date of departure	15. Date of return	16. Date of exit	17. Date of arrival	18. Date of departure	19. Date of return	20. Date of exit	21. Date of arrival	22. Date of departure	23. Date of return	24. Date of exit	25. Date of arrival	26. Date of departure	27. Date of return	28. Date of exit	29. Date of arrival	30. Date of departure	31. Date of return	32. Date of exit	33. Date of arrival	34. Date of departure	35. Date of return	36. Date of exit	37. Date of arrival	38. Date of departure	39. Date of return	40. Date of exit	41. Date of arrival	42. Date of departure	43. Date of return	44. Date of exit	45. Date of arrival	46. Date of departure	47. Date of return	48. Date of exit	49. Date of arrival	50. Date of departure	51. Date of return	52. Date of exit	53. Date of arrival	54. Date of departure	55. Date of return	56. Date of exit	57. Date of arrival	58. Date of departure	59. Date of return	60. Date of exit	61. Date of arrival	62. Date of departure	63. Date of return	64. Date of exit	65. Date of arrival	66. Date of departure	67. Date of return	68. Date of exit	69. Date of arrival	70. Date of departure	71. Date of return	72. Date of exit	73. Date of arrival	74. Date of departure	75. Date of return	76. Date of exit	77. Date of arrival	78. Date of departure	79. Date of return	80. Date of exit	81. Date of arrival	82. Date of departure	83. Date of return	84. Date of exit	85. Date of arrival	86. Date of departure	87. Date of return	88. Date of exit	89. Date of arrival	90. Date of departure	91. Date of return	92. Date of exit	93. Date of arrival	94. Date of departure	95. Date of return	96. Date of exit	97. Date of arrival	98. Date of departure	99. Date of return	100. Date of exit
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Valley
City of Norwood
No. _____ St. _____

(If born in hospital or institution give name.)

Stillborn

RECEIVED JUN 4 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S**

Registration District No. 15 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 19

2. FULL NAME OF CHILD _____

3. Male	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. <u>May 24</u> 19 <u>31</u>
		5. Number, in order of birth _____	Full term _____	mate? _____	birth _____, 19 <u>31</u> (MONTH, DAY, YEAR)

9. Full name <u>FATHER</u> <u>M. E. Meador</u>	18. Full name <u>MOTHER</u> <u>Branch Williams</u>
10. Residence (usual place of abode) <u>Norwood</u> (If non-resident, give place and State) _____	19. Residence (usual place of abode) <u>Norwood</u> (If non-resident, give place and State) _____
11. Color or race <u>White</u>	20. Color or race <u>White</u>
12. Age at last birthday <u>53</u> (years)	21. Age at last birthday <u>41</u> (years)
13. Birthplace (city or place) <u>Missouri</u> (State or country) _____	22. Birthplace (city or place) <u>Missouri</u> (State or country) _____
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as home, lawyer's office, silk mill, etc. <u>Housewife</u>
16. Date (month and year) last engaged in this work <u>May 24 1931</u>	25. Date (month and year) last engaged in this work <u>May 24 1931</u>
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 13 (b) Born alive but now dead 3 (c) Stillborn 2

28. If stillborn, 9 months or weeks } 29. Cause of stillbirth Not Known } Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:15 m. on the date above stated.

(BORN ALIVE OR STILLBORN)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. H. S. Craft M. D.

or _____ Midwife

Address McCall Idaho

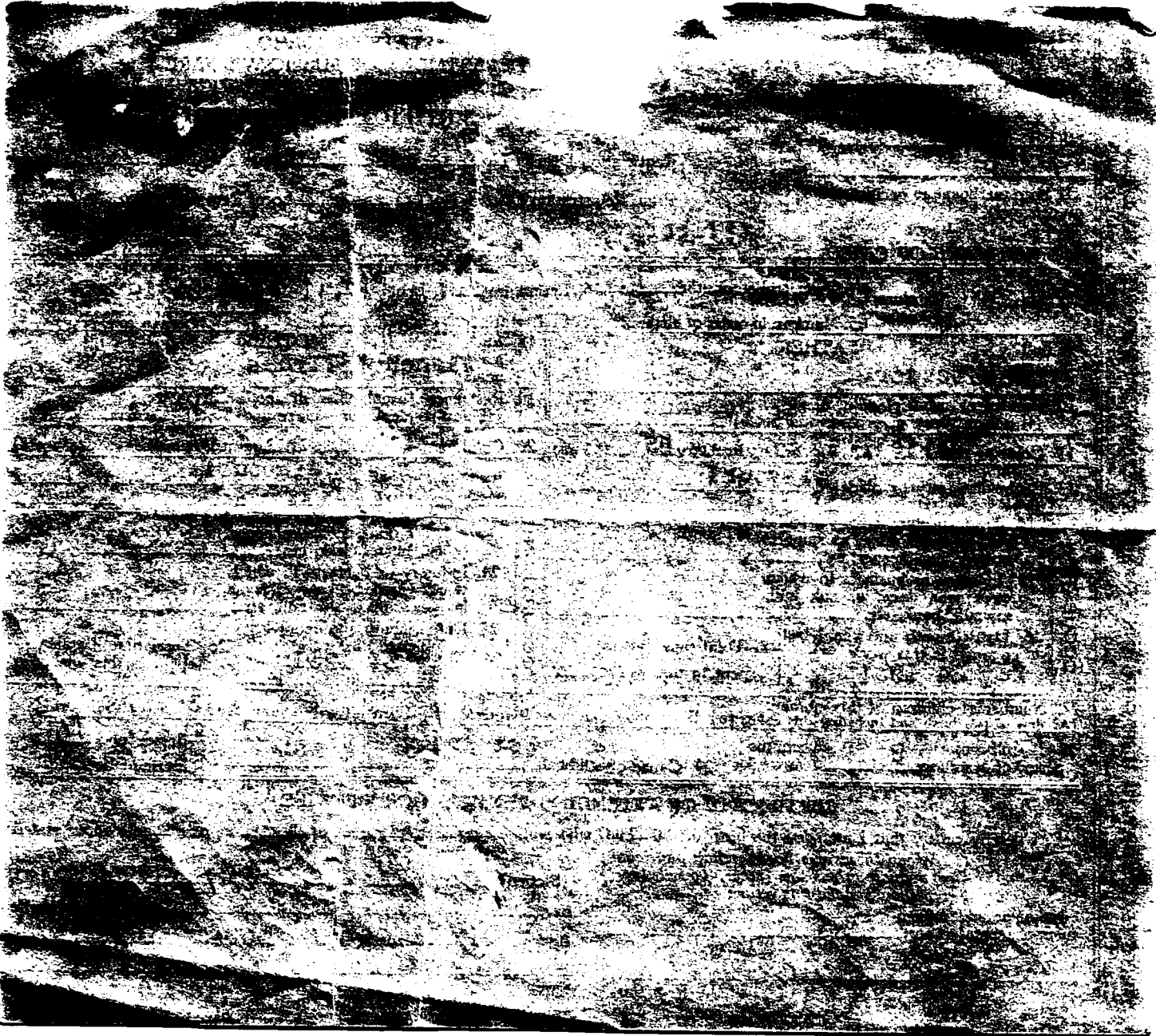
Filed May 30 1931 Montana Gardner

Give name added from a supplemental report _____

(DATE OF)

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED JUN 4 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Valley
City of Hammond

Registration District No. 15

Primary Registration District No. _____

(No. _____ St.)

State File No. 75344

Local Registrar's No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Stillborn

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6. DATE OF BIRTH

May 24 1931
(Month) (Day) (Year)

7. AGE

Stillborn

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Valley Co.

10. NAME OF FATHER

W. E. Meddard

11. BIRTHPLACE OF FATHER

(State or Country) Missouri

12. MAIDEN NAME OF MOTHER

Blanch Williams

13. BIRTHPLACE OF MOTHER

(State or Country) Missouri

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dr. H. S. Craft
McCall

(Address)

15.

Filed

May 30 1931 Montana
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. to 19.

that I last saw him alive on 19.

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Stillbirth

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. H. S. Craft M. D.

19. (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

659-127 006 262

RECEIVED JUL 8 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
S
CERTIFICATE OF BIRTH 191902

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. _____ St. _____

Registration District No. 121 State File No. _____
Prim. Registration District No. 2194 Local Registrar's No. 246

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD George Waise

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>June 27</u> , 19 <u>31</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER
John Weise
10. Residence (usual place of abode)
(If non-resident, give place and State) Blackfoot
11. Color or race white Age at last birthday 39 (years)
13. Birthplace (city or place) Nebraska
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name Mother
Margarite Robinson
19. Residence (usual place of abode)
(If non-resident, give place and State) Blackfoot
20. Color or race white 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Idaho
(State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn 1
28. If stillborn, period of gestation 3 days { 3 months or 3 weeks } Before labor X
29. Cause of stillbirth prolapse cord During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 5 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

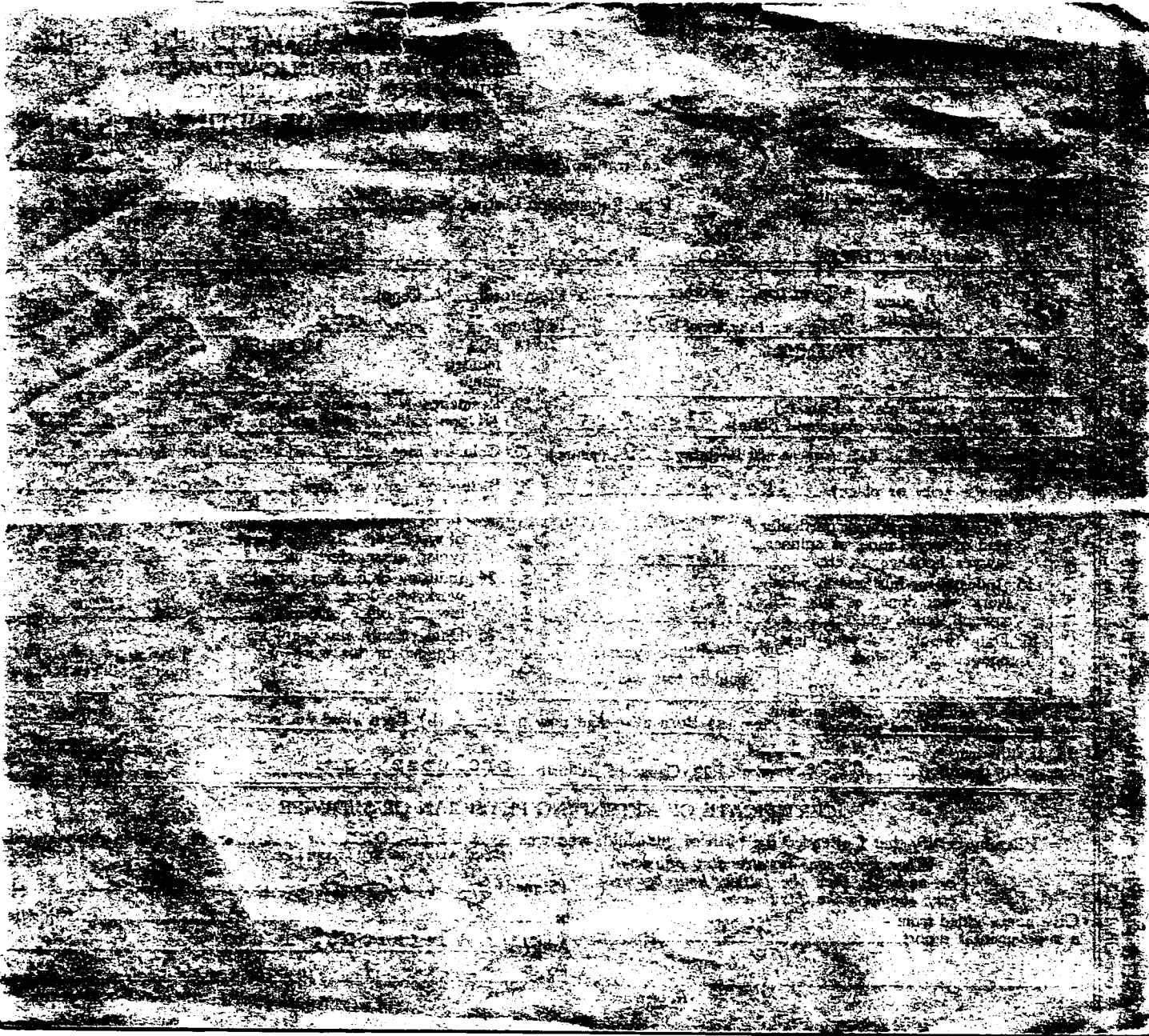
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. O. Hansen, M. D.
or _____, Midwife

Give name added from a supplemental report _____
(DATE OF)

Address Blackfoot, Idaho

Filed July 3, 1931 M. H. Nelson
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 75651	
PLACE OF DEATH County of Bingham City of Moscow		Registration District No. 121 Primary Registration District No. 2144 Local Registrar's No. 111	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME George Weise			
(a) Residence. No. 10 Mrs. West of Blackfoot Ida			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word) single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) June 27, 1894			
7. AGE	Years	Months	Days
	27	0	0
If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) Moscow Idaho			
13. NAME George Weise			
14. BIRTHPLACE (city or town) (State or country) Moscow Idaho			
15. MAIDEN NAME Margaret Robinson			
16. BIRTHPLACE (city or town) (State or country) Idaho			
17. INFORMANT (Address) John Weise			
18. BURIAL, CREMATION, OR REMOVAL Place Blackfoot Ida Date June 28, 1931			
19. UNDERTAKER (Address) John Weise			
20. FILED June 27, 1931 Wm. M. Wilson Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) 6-27-1931			
22. I HEREBY CERTIFY, That I attended deceased from an 6-27 , 1931, to 1931 .			
I last saw him alive on 1931 ; death is said to have occurred on the date stated above, at m.			
The principal cause of death and related causes of importance were as follows:			
still born, due to prolapse of cord 3 days of standing			
Other contributory causes of importance:			
Name of operation physical post-mortem Date of June 28, 1931			
What test confirmed diagnosis? Was there an autopsy? no			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? no Date of injury 1931			
Where did injury occur? no (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. no			
Manner of injury no			
Nature of injury no			
24. Was disease or injury in any way related to occupation of deceased? no			
If so, specify no (Signed) J. P. Humphrey M. D.			
(Address) Blackfoot Ida			

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah
City of Potlatch
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 State File No. 191932

Prim. Registration District No. 2145 Local Registrar's No. _____

FULL NAME OF CHILD

Still birth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <input checked="" type="checkbox"/> and { Number in order of birth <u>1</u> }	Legitimate? <u>yes</u>	Date of birth <u>June 3^d 1931</u> (Month) (Day) (Year)
--------------------------	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 6 (a) Born alive and now living 5
Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME Thomas A. Johnston

Residence (Usual place of abode) Potlatch R. 2

If nonresident, give place and State ✓

Color or race white Age at last Birthday 45
(Years)

Birthplace Minnesota
(City and State or Country)

Occupation Labourer

MOTHER
FULL MAIDEN NAME Edna Morris

Residence (Usual place of abode) Potlatch R. 2

If nonresident, give place and State ✓

Color or race white Age at last Birthday 35
(Years)

Birthplace Dakota
(City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 5⁰⁰ 1 P.M.
on the date above stated.

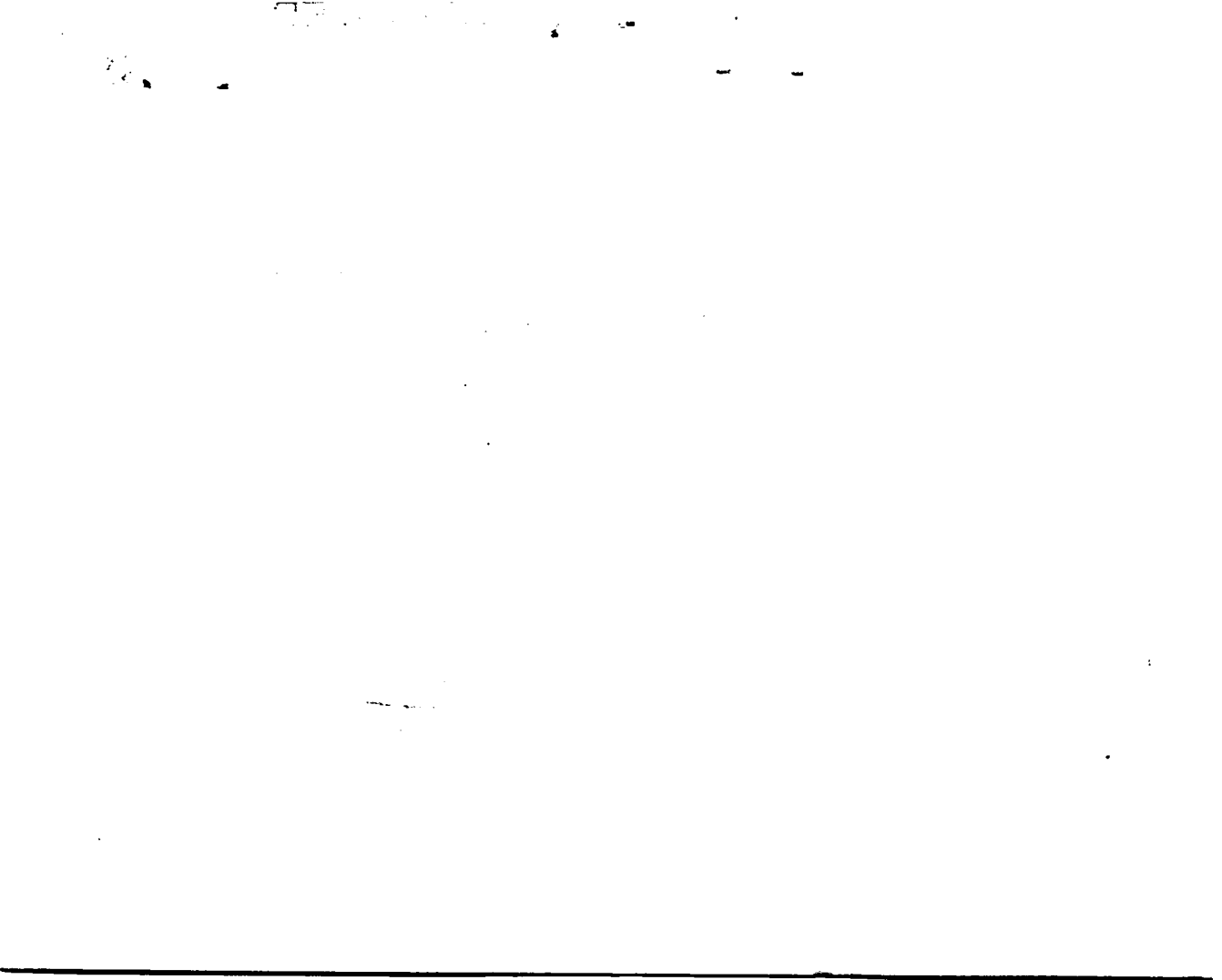
(Signature) D. F. C. Gibson

M. D.
(Physician or midwife)

Address Potlatch

Filed June 6th 1931 D. W. Thompson
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75468**

PLACE OF DEATH

County of Latah

City of Pottlatch

Registration District No. 65

Primary Registration District No. 2145

Local Registrar's No. 716

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

Still born infant of Thomas A. Johnson

(a) Residence. No. Pottlatch R 2

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) N

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) June 3rd 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. ✓ ✓ ✓ ✓ ✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (city or town) Pottlatch R 2
(State or country)

10. NAME OF FATHER Thomas A. Johnson

11. BIRTHPLACE OF FATHER (city or town) Minnesota
(State or Country)

12. MAIDEN NAME OF MOTHER Ebene Morris

13. BIRTHPLACE OF MOTHER (city or town) Dakota
(State or Country)

14. Informant Thomas A. Johnson
(Address) Pottlatch

15. Filed June 6th 1931 D. J. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 3rd 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from ✓, 19 , to ✓, 19 , that I last saw h ✓ alive on ✓, 19 , and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Stillborn

(duration) yrs. mos. ds.
CONTRIBUTORY Prolonged Child-birth
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Dr. J. F. C. Gibson, M. D.
June 6th 1931 (Address) Pottlatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Frye Cemetery Date of Burial June 6th 1931
20. Undertaker Parents Address Pottlatch

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PARENTS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

391-228011-389

STATE OF IDAHO JUL 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 191963

1. PLACE OF BIRTH

County of Bonner
City of Bonnerville
No. St
Bonnerville Hospital
(If born in hospital or institution give name.)

Registration District No. 29 State File No. _____

Prim. Registration District No. 2156 Local Registrar's No. _____

2. FULL NAME OF CHILD

Baby Crawford

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth June 28, 1931
(MONTH, DAY, YEAR)

9. Full name FATHER Allen Hiram Crawford

10. Residence (usual place of abode) (If non-resident, give place and State) Bonnerville

11. Color or race Wh 12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or country) Idaho Falls, N. Dak.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grocery

16. Date (month and year) last engaged in this work _____ 17. Total time (years) 6 spent in this work _____, 19____

18. Full maiden name MOTHER Olga Christenson

19. Residence (usual place of abode) (If non-resident, give place and State) Bonnerville

20. Color or race Wh 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or country) Seneca, N. Dak.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) 8 spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation 9 months months 29. Cause of stillbirth Unknown Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:45 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) P. M. Bowell, M. D.

or _____, Midwife

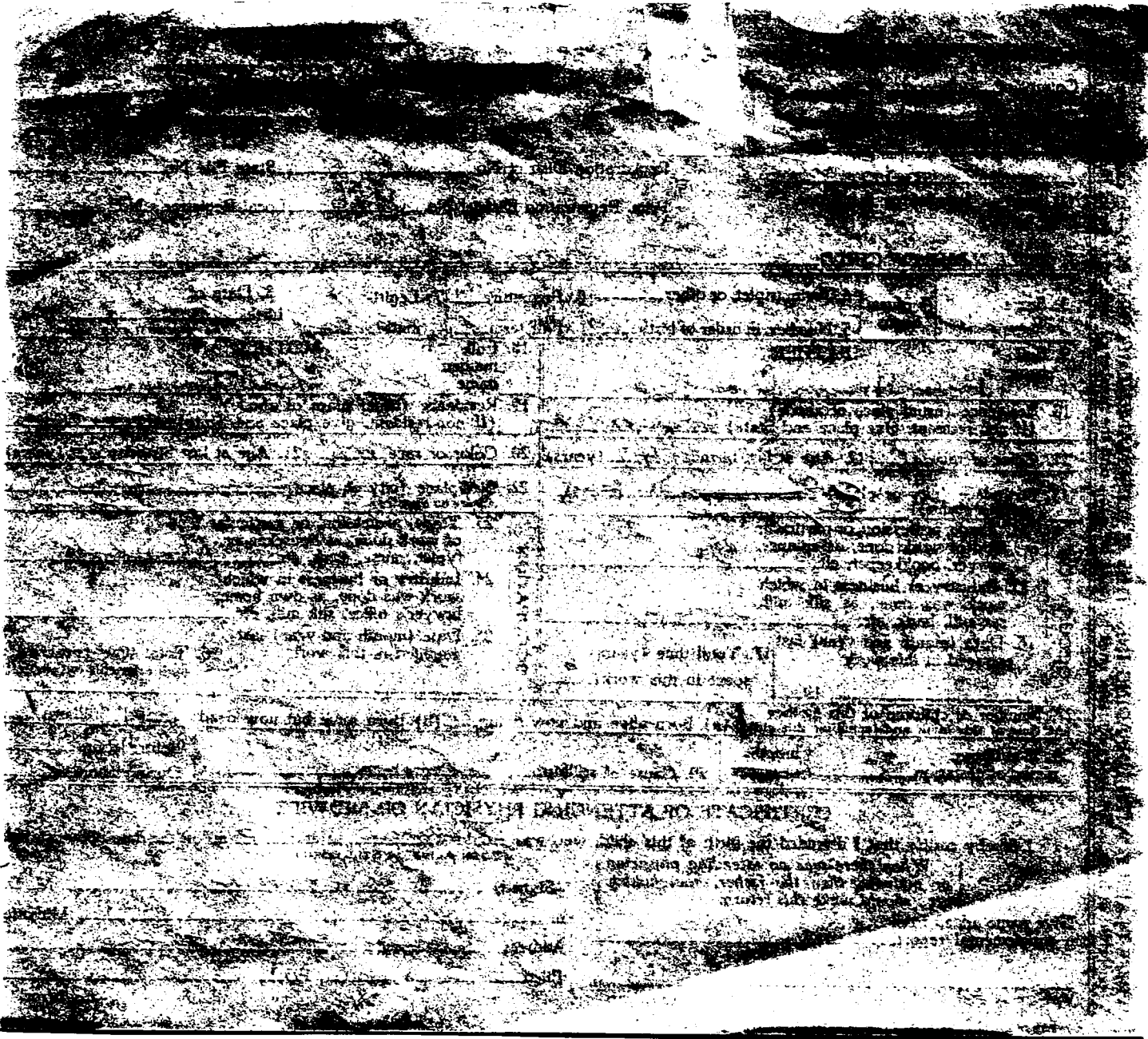
Address Bonnerville, Idaho

Filed July 1, 1931 St. H.

Give name added from a supplemental report _____ (DATE OF) _____

Registrar.

Registrar.



RECEIVED JUL 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **75689**

PLACE OF DEATH

County of Bannock
City of Banner Ferry

CERTIFICATE OF DEATH

Registration District No. 29
Primary Registration District No. 2156
(No. Banner Ferry Hospital)Local Registrar's No. 206

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Crawford(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 28-19317. AGE Years Months Days 11 LESS than 1 day, hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Bannock County
(State or country) Idaho10. NAME OF FATHER J. R. Crawford11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Christensen13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant J. R. Crawford
(Address) Bannock County15. Filed June 29, 1931
Registrar E. E. Th...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 28 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Stillborn
(Cause unknown)

CONTRIBUTORY (Secondary)

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. B. B... M. D.
June 29, 1931 (Address) Banner Ferry, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Bannock County, Idaho June 29, 1931

20. Undertaker Address

W. B. B... Bannock County, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) SALEMAN, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 12 1923
S

CERTIFICATE OF BIRTH

191998

County of Nez Perce
City of Sweetwater Idaho

No. 533-126-035-396 St. Registration District No. 128 State File No. 191998

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD

(Certificate of no value without full name of child)

Sex of Child Male Twin Triplet or other? and { Number in order of birth Legitimate? yes Date of birth 5 26 1923
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth none

FATHER
FULL NAME James Ellenwood
RESIDENCE Sweetwater Idaho
COLOR Indian 3/4 AGE AT LAST BIRTHDAY 32
BIRTHPLACE Idaho
OCCUPATION Farmer

MOTHER
FULL MAIDEN NAME Elizabeth Crow
RESIDENCE Sweetwater Idaho
COLOR Indian 3/4 AGE AT LAST BIRTHDAY 22
BIRTHPLACE Idaho
OCCUPATION Housewife

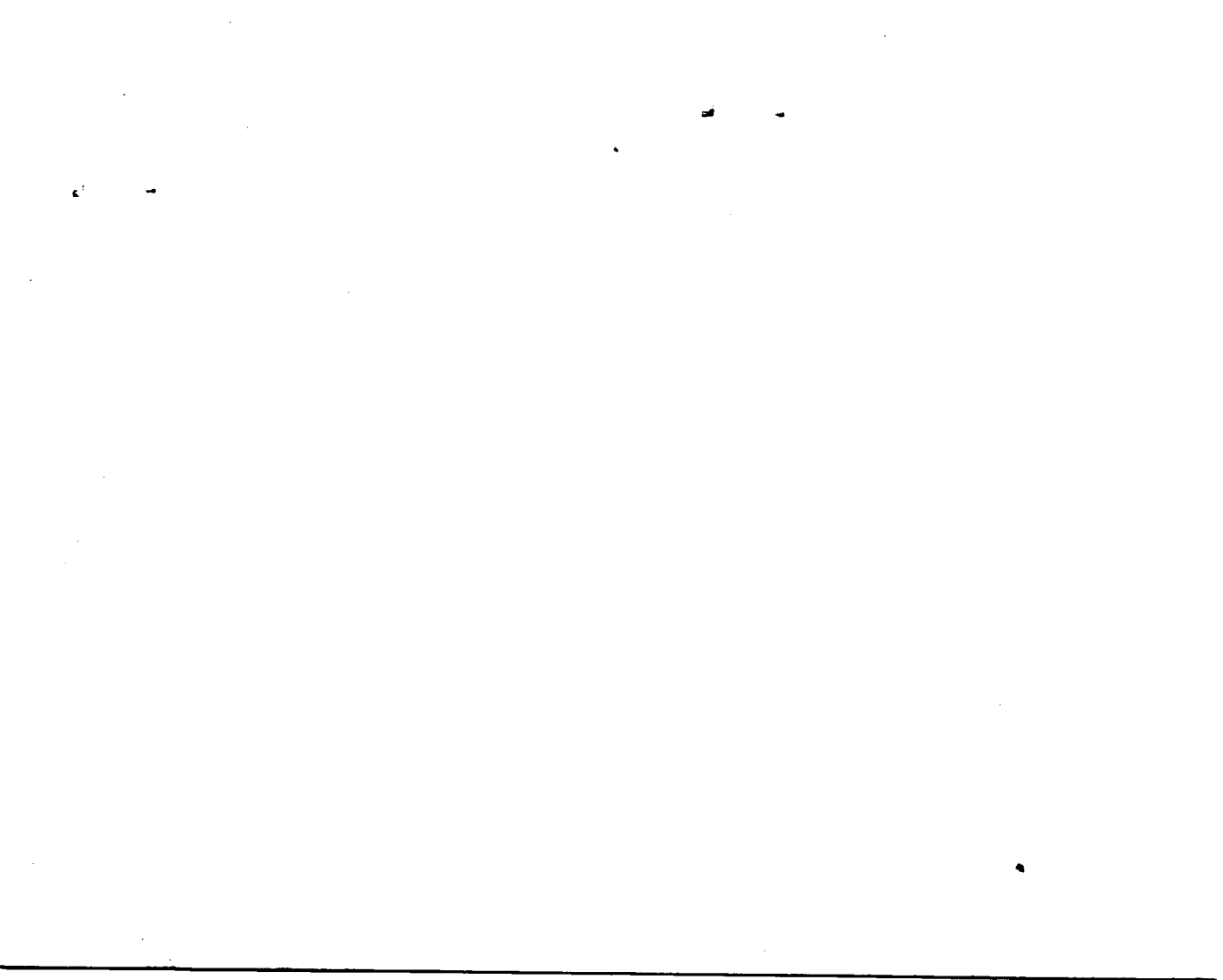
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:40 P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Give names added from a supplemental report.

(Signature) George Guinnard M.D.
Physician
(Physician or midwife)

Address Culture Idaho
Filed May 1923 George Guinnard M.D.
Registrar.



CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Key Pierce
City of near Sweetwater IdahoRegistration District No. 128

Primary Registration District No. _____

(No. _____ St.)

If death occurs away from
usual residence, give facts
called for under special in-
formation.

2. FULL NAME

StillbirthState File No. 75395

Local Registrar's No. _____

If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Indian5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDSingle
(Write the word)

6. DATE OF BIRTH

5 26 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

— Yrs. — Mos. — ds.

8. OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)none

9. BIRTHPLACE

(State or Country)

Idaho10. NAME OF
FatherJames Ellenwood11. BIRTHPLACE
OF FATHER

(State or Country)

Idaho12. MAIDEN NAME
OF MOTHERElizabeth Crow13. BIRTHPLACE
OF MOTHER

(State or Country)

Oregon

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

George Gaignard M.D.

(Address)

Caldwell Idaho

15.

Filed

May1931George Gaignard M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

5 26 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19that I last saw h. alive on 19and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Stillbirth

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

George Gaignard

M. D.

5/26/1931(Address) Caldwell Idaho*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)At place In the
of death yrs. mos. days, State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Sweetwater Idaho5-27-1931

20. UNDERTAKER

ADDRESS

Brower-WarrenLewiston Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Salesman, (b) Grocery;** (a) **Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia;** **Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc.,** of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles;** **Whooping cough;** **Chronic valvular heart disease;** **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.;** **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning;** **struck by railway train—accident;** **Revolver wound of head—homicide;** **Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281 223 035-363
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

191999

County of Nez Perce
City of Levensworth
No. _____ St. _____

White Horse
(If born in hospital or institution give name.)

Registration District No. 96 State File No. _____

Prim. Registration District No. 1009 Local Registrar's No. _____

FULL NAME OF CHILD Mary Shaw
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	{ and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>5</u> <u>23</u> <u>1921</u> (Month) (Day) (Year)
----------------------------	------------------------------	--	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 3 (a) Born alive and now living 1

Born alive but now dead _____ Stillborn 2

FATHER FULL NAME <u>Lyle Le Verne Shaw</u>	MOTHER FULL MAIDEN NAME <u>Josephine Louise Cole</u>
---	---

Residence (Usual place of abode) _____

If non-resident, give place and State Clarkston Heights Wash

Color or race W Age at last Birthday 22 (Years)

Birthplace Woodburn Ore (City and State or County)

Occupation Saloon

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:20 P. M. on the date above stated.

(Signature) Amer Chan MD

(Physician or midwife)

Address Asotin Wash

Filed 6/29/31 7 M Lee Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

11-11-19

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

12 07

CONFIDENTIAL TO PERSONNEL ONLY

CLINTON TO BUREAU 1-19-52

Registration District No. _____
State File No. _____
When Registration District No. _____
Local Registration No. _____

[illegible]

mother of child of this mother, including present birth. (a) Born alive and now living.

1. NAME
 2. DATE
 3. TIME
 4. PLACE
 5. REASON
 6. REMARKS
 7. SIGNATURE
 8. DATE
 9. TIME
 10. PLACE
 11. REASON
 12. REMARKS
 13. SIGNATURE
 14. DATE
 15. TIME
 16. PLACE
 17. REASON
 18. REMARKS
 19. SIGNATURE
 20. DATE
 21. TIME
 22. PLACE
 23. REASON
 24. REMARKS
 25. SIGNATURE
 26. DATE
 27. TIME
 28. PLACE
 29. REASON
 30. REMARKS
 31. SIGNATURE
 32. DATE
 33. TIME
 34. PLACE
 35. REASON
 36. REMARKS
 37. SIGNATURE
 38. DATE
 39. TIME
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 41. REASON
 42. REMARKS
 43. SIGNATURE
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 242. DATE
 243. TIME
 244. PLACE
 245. REASON
 246. REMARKS
 247. SIGNATURE
 248. DATE
 249. TIME
 250. PLACE
 251. REASON
 252. REMARKS

(Color or race) _____ And all last initials _____
 (Color or race) _____ And all last initials _____

If you wish to give me your _____
 If you wish to give me your _____

Respectfully,
 Respectfully,

_____ Agent and Brother
 _____ Agent and Brother

Occupation _____
 (City and State or County) _____
 Birthplace _____
 Date and Place of Birth _____
 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
born on the date above stated.

There were no attending physicians or midwives, the latter, however, etc. would make this return. I still think I owe that mother a considerable amount of the above.

SECRET

RECEIVED JUN 10 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 75288

PLACE OF DEATH
County of Nezperce
City of Lewiston,

CERTIFICATE OF DEATH
Registration District No. 96
Primary Registration District No. 1009
(No. Whites Hospital)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Shaw

(a) Residence No. Clarkston Heights St.

(Usual place of abode.) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 23, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Premature

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston, Ida.
(State or country)

10. NAME OF FATHER Lyle LeVerne Shaw

11. BIRTHPLACE OF FATHER (city or town) Woodburn, Oregon
(State or Country)

12. MAIDEN NAME OF MOTHER Josephine Louise Cole

13. BIRTHPLACE OF MOTHER (city or town) Asotin, Wash.
(State or Country)

14. Informant L I Shaw
(Address) Clarkston, Wash.

15. Filed 5/25/31 J. N. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 5-23-31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (3) MEANS AND NATURE OF DEATH, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. N. Lyle M. (Address) Asotin, Wash.

19. Place of Burial, Cremation, or Removal Clarkston, Wash. Date of Burial

20. Undertaker H. R. Merchant Clarkston, Wash. Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back. Exact statement of OCCUPATION is very important.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED JUL 0 1901

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. St.

Spanner

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 73 State File No.

Prim. Registration District No. 2140 Local Registrar's No. 241

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin <u>Triplet</u> or <u>Quadruplet</u> ?	and	Number in order of birth <u>2</u>	Legiti- mate? <u>Yes</u>	Date of birth <u>June 14</u> 19 <u>01</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth...7 (a) Born alive and now living...5

Born alive but now dead...1 Stillborn...1

FATHER FULL NAME <u>John Albert Bolinder</u>	MOTHER FULL MAIDEN NAME <u>Ester Larson</u>
---	--

Residence (Usual place of abode) Osgood

If non-resident, give place and State

Color or race White Age at last Birthday 39 (Years)

Birthplace Sweden (City and State or County)

Occupation Farmer

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

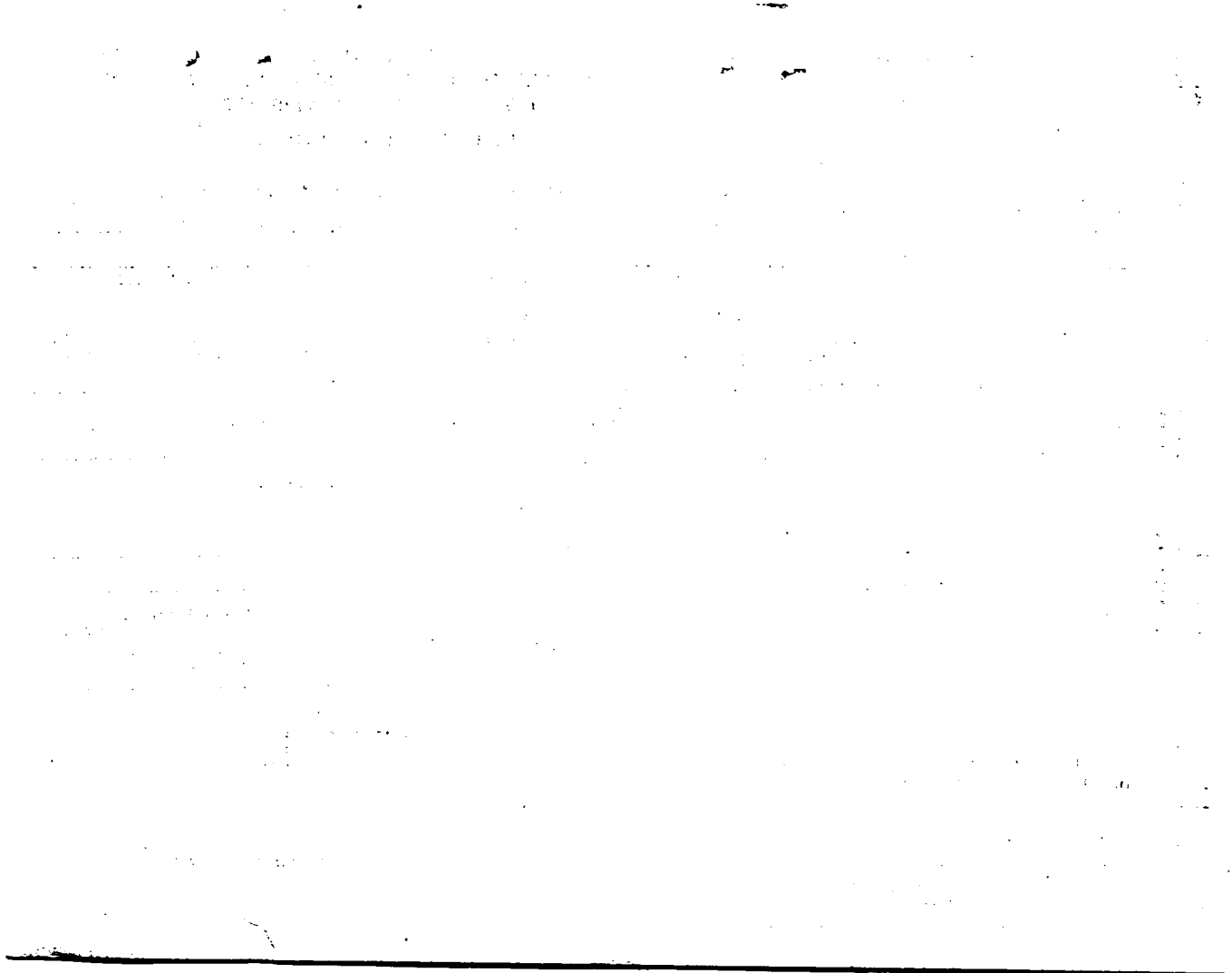
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11 30 A. M.
on the date above stated.

(Signature) Edmund
Physician
(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address Idaho Falls

Filed 6225 1901 Edmund



RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75541

State File No.

PLACE OF DEATH

County of Bonanza . CERTIFICATE OF DEATHCity of Idaho Falls Registration District No. 73Primary Registration District No. 1470Local Registrar's No. 121(No. Spencer Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Richard Bolinder(a) Residence. No. Osgood Idaho St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 6 ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single, Married, Widowed,
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

June 14-31

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

11-31931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June 14

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 14, 1931, to June 14, 1931that I last saw him alive on June 14, 1931and that death occurred, on the date stated above, at 11:55 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral - due to pressure on
cord in situ.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. J. Anderson M. D.6/14, 1931 (Address) Idaho Falls*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls Ida. 6/16, 1931

20. Undertaker

Address

F. F. M. Han Idaho Falls
Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada
City of Boise
No. St. Alphonsus St.
Hospital

(If born in hospital or institution
give name.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
192109

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Walter Fisher (Stillbirth)

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>F</u>	Twin Triplet or other? <u> </u>	{ and { Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>3</u> <u>31</u> <u>1921</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth..... (a) Born alive and now living.....

Born alive but now dead..... Stillborn.....

FULL NAME <u>Walter Fisher</u>	FATHER	FULL MAIDEN NAME <u>Catherine Elizabeth Grimes</u>	MOTHER
--------------------------------	--------	--	--------

Residence (Usual place of abode) 717 Hays St Residence (Usual place of abode) SAME

If non-resident, give place and State..... If non-resident, give place and State.....

Color or race W Age at last Birthday 29 Color or race W Age at last Birthday 22

Birthplace Pond du Lac Co. Wis. (City and State or County) Birthplace Sheboygan Co Wis. (City and State or County)

Occupation Occupation H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 7:15 P. M.
on the (date above stated).
(Signature) Harold Wilson

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address 317 Eastman Bldg. Boise

Filed..... 19.....

Registrar.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SALT LAKE CITY, UTAH

OFFICE OF THE ASSISTANT ATTORNEY GENERAL

TO THE HONORABLE THE SECRETARY OF THE INTERIOR
WASHINGTON, D. C.

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED MAY 8 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

74658

State File No.

PLACE OF DEATH

CERTIFICATE OF DEATH

County of Ida.City of Boise.Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital.)Local Registrar's No. 109

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Mary Ellen Fisher.(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. Single, Married, Widowed, or Divorced (write the word.) <u>Single.</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) March 31st 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)

10. NAME OF FATHER

Walter W. Fisher.11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Fond du Lac, Wis.12. MAIDEN NAME OF MOTHER Katherine Grimes.13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Fond du Lac, Wis.14. Informant Walter W. Fisher.(Address) 717 Hays St. Boise, Idaho.15. Filled 4-1-31, 1931W. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

March 31st 1931, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still Birth 3/31/31
7:20 P.M.

.....(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arnold Testone, M. D.
4/1/31, 19..... (Address) Boise, Idaho.

19. Place of Burial, Cremation, or Removal

Morris Will Cemetery.

Date of Burial

4/1/31

19

20. Undertaker

Wm. McBratney.Address Boise, Idaho.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid house-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Journey
No. _____ St. _____

STATE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 State File No. _____
Prim. Registration District No. 2160 Local Registrar's No. 26

FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin <u>Yes</u> Triplet <u>No</u> or other? <u>No</u>	and	Number in order of birth <u>second</u>	Legitimate? <u>Yes</u>	Date of birth <u>June 26 1931</u> (Month) (Day) (Year)
--------------------------	---	-----	--	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 8 (a) Born alive and now living 5
Born alive but now dead one Stillborn two

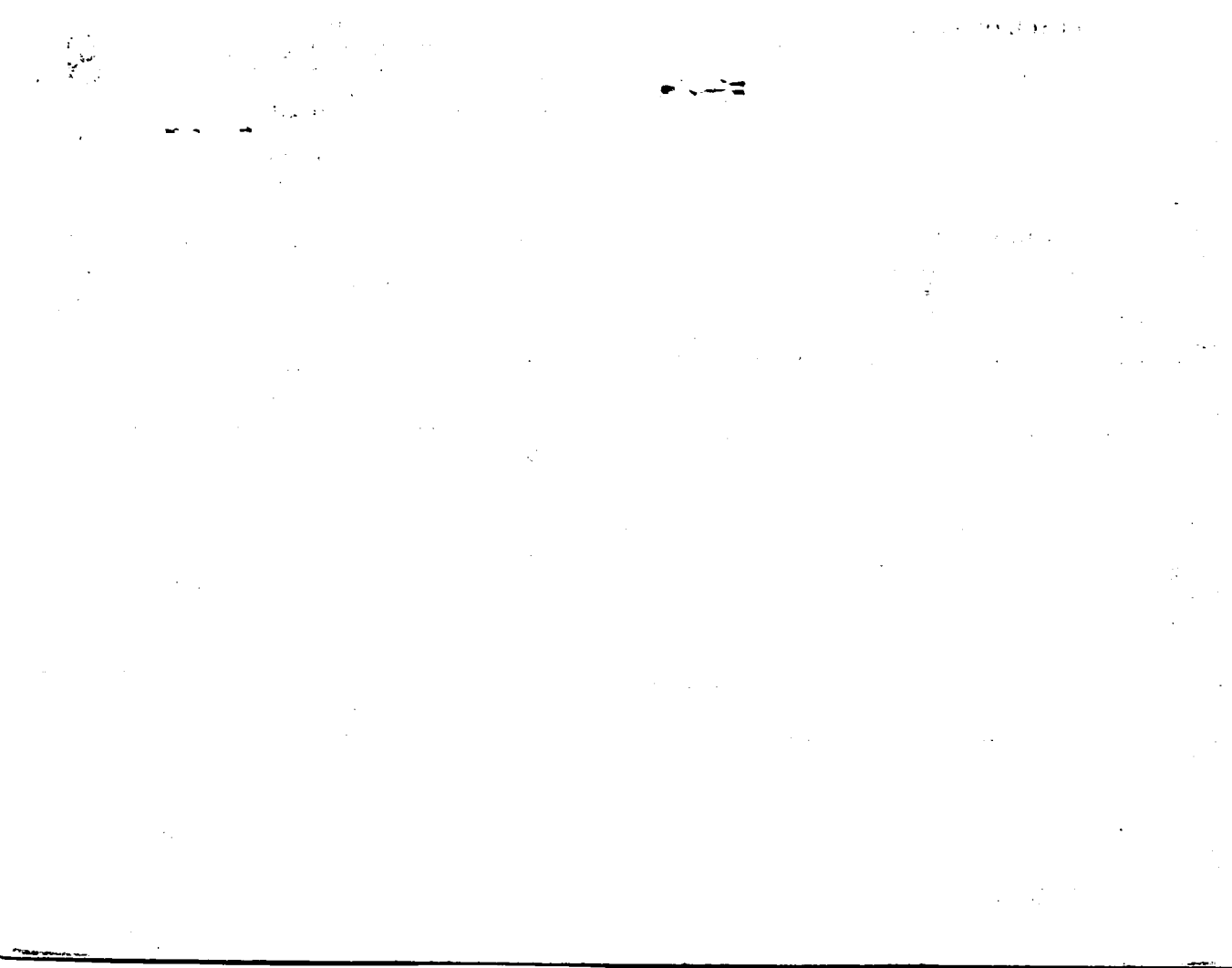
FATHER	MOTHER
FULL NAME <u>Archibald Gordon</u>	FULL MAIDEN NAME <u>Annie Jennie</u>
Residence (Usual place of abode) <u>Journey Idaho</u>	Residence (Usual place of abode) <u>Journey Idaho</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>white</u> Age at last Birthday <u>34</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>33</u> (Years)
Birthplace <u>Journey Idaho</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 50 P. M.
on the date above stated. (Signature) M. J. Harrison M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Journey Idaho
Filed July 3 1931 Mary C. Coffin
Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75562

State File No.

PLACE OF DEATH

County of PanamaCity of BarneyRegistration District No. 89Primary Registration District No. 2160

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 17

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

W5. Single, Married, Widowed,
or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

14. Informant

(Address)

15. Filed

July 8, 1931Mary C. Coffin
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

June - 26 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

that I last saw him alive on

and that death occurred, on the date stated above, at 5:58 p. m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

H. J. Hartigsen, M. D.7-2-, 1931 (Address) Barney, Idaho*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Grant Idaho
Barney, Idaho6-28-1931

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Pavony
No. 367-208003-862 St.

(If born in hospital or institution
give name.)

RECEIVED JUL 1 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 State File No. 192198
Prim. Registration District No. 2160 Local Registrar's No. 22

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> }</u>	and <u> }</u>	Number in order of birth <u>37</u>	Legitimate? <u>Yes</u>	Date of birth <u>June - 5 - 1931</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living One
Born alive but now dead One Stillborn One

FULL NAME <u>O. F. Ford, Ida</u>	FATHER	FULL MAIDEN NAME <u>Althea Johnson</u>	MOTHER
Residence (Usual place of abode) <u>Idaho</u>		Residence (Usual place of abode) <u>Idaho</u>	
If non-resident, give place and State <u>Idaho</u>		If non-resident, give place and State <u>Idaho</u>	
Color or race <u>White</u>	Age at last Birthday <u>37</u> (Years)	Color or race <u>White</u>	Age at last Birthday <u>37</u> (Years)
Birthplace <u>Farmington, Utah</u>	(City and State or County)	Birthplace <u>Idaho</u>	(City and State or County)
Occupation <u>Farmer</u>		Occupation <u>Wife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn Born alive at 55 P. M.
on the date above stated.

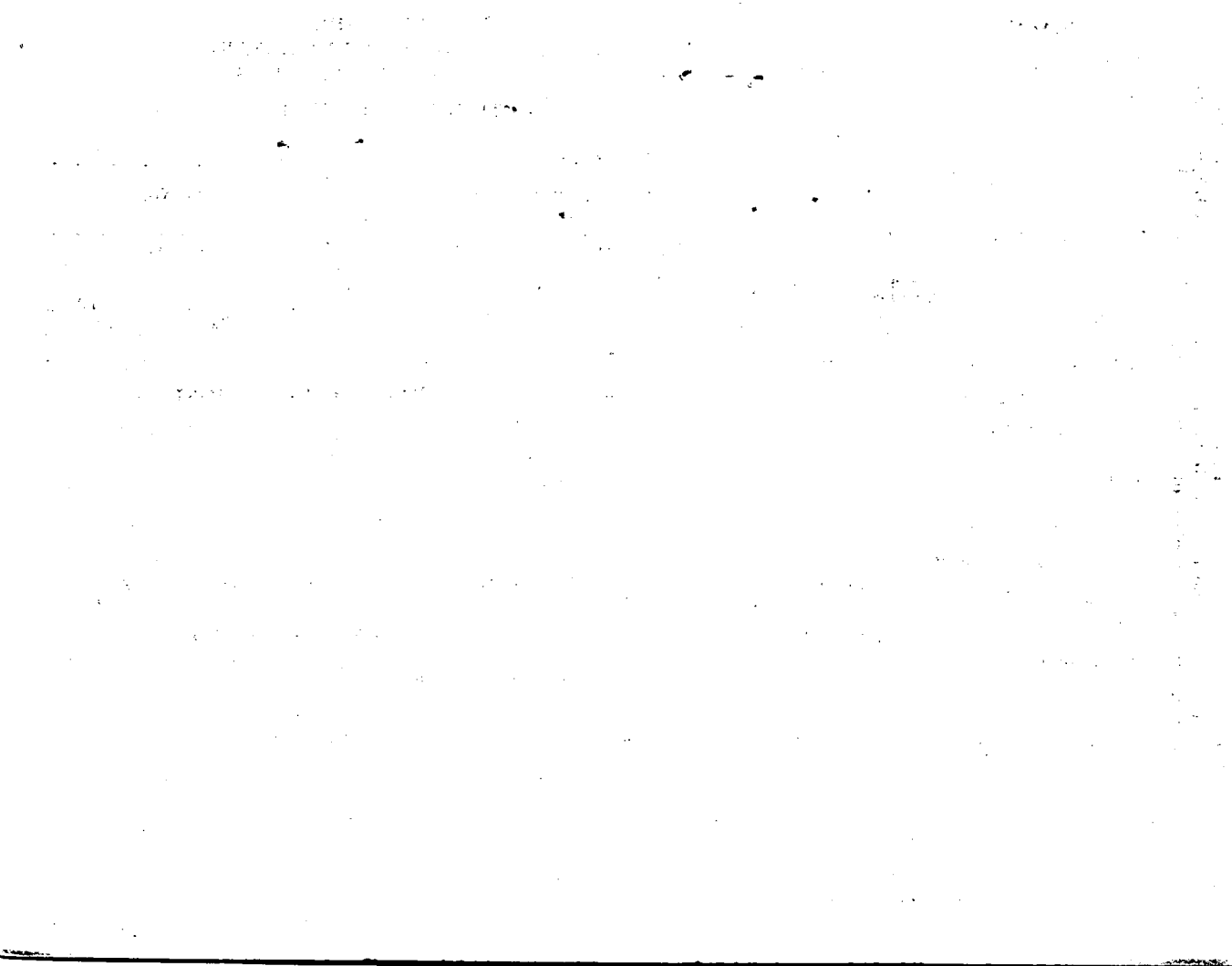
(Signature) J. J. Harrison, M.D.

(Physician or midwife)

Address Pavony, Idaho

Filed July 8 - 1931 Mary C. Coffin
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED JUL 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

PLACE OF DEATH

County of BannockCity of PaysonRegistration District No. 23Primary Registration District No. 2140

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 16

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>no bill</u>	5. Single, Married, Widowed, or Divorced (write the word)
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>Stillbirth</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
-----------------------------	-------	--------	------	-------------------------------------

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Payson Idaho
(State or country)10. NAME OF FATHER O. F. Cox11. BIRTHPLACE OF FATHER (city or town) Payson, Utah
(State or Country)12. MAIDEN NAME OF MOTHER Elizabeth Hobson13. BIRTHPLACE OF MOTHER (city or town) Payson, Idaho
(State or Country)14. Informant O. F. Cox(Address) Oxford, Idaho15. Filed July 3 - 1931Mary C. Coffin
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June - 8 - 1931

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19.., to .., 19..

that I last saw h. alive on .., 19..

and that death occurred, on the date stated above, at ..m.

The CAUSE OF DEATH* was as follows:

Unknown death 2 or 3 weeks before birth manifested fetus

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of ..

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Hartigan M. D.6 - 30 - 1931 (Address) Payson, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Oxford, Idaho6 - 9 - 1931

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

FILE # 192199

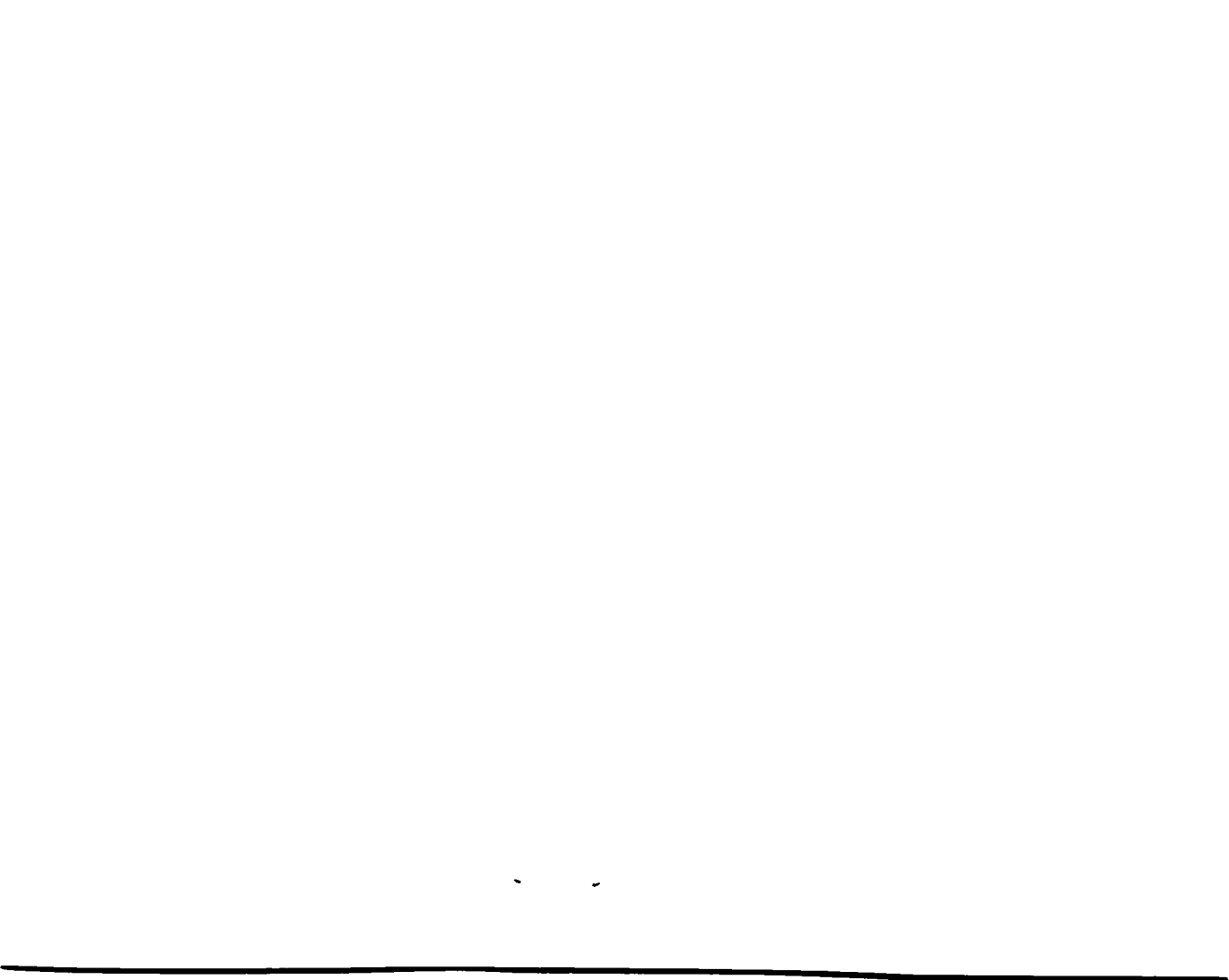
YEAR 1931

IDAHO STILLBIRTH CERTIFICATE



VOID DUP OF 1931-189572

STILLBIRTH



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Campbell
City of Houston R#1
No. St.

STATE OF TEXAS
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

192241

Registration District No. 3 State File No.
(If born in hospital or institution give name.) Prim. Registration District No. 2005 Local Registrar's No. 118

FULL NAME OF CHILD Stillbirth Jones
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and { Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>June 24</u> 19 <u>31</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 0

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0
Born alive but now dead. 0 Stillborn 1 (Premature)

FULL NAME <u>Charles Jones</u>	FATHER	FULL MAIDEN NAME <u>Soldie Gladys Weathorn</u>	MOTHER
Residence (Usual place of abode) <u>Houston, R#1</u>		Residence (Usual place of abode) <u>Houston, R#1</u>	

It non-resident, give place and State	If non-resident, give place and State
Color or race <u>white</u> Age at last Birthday <u>24</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>19</u> (Years)
Birthplace <u>Oklmulgee Oklahoma</u> (City and State or County)	Birthplace <u>Mountain View Mo.</u> (City and State or County)
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } Stillborn { } at 2:30 P. M. on the date above stated.

(Signature) Dr. W. H. Hittenger
Osteopath
(Physician or midwife)

Address Baldwell, Idaho

Filed 7-1- 1931 John M. Meyers
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[Faint, mostly illegible text covering the majority of the page, appearing to be a document or report.]

102

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon
City of Caldwell

No. 281-121014-693 St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
192242

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Feb 21</u> 19 <u>31</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	--------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? 240-123456789

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Jacob T. Shaw</u> Residence (Usual place of abode) <u>Caldwell Ida</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Washington</u> (City and State or County) Occupation <u>Lab. Mgr.</u>	MOTHER FULL MAIDEN NAME <u>Louise Wilson</u> Residence (Usual place of abode) <u>Caldwell Ida</u> If non-resident, give place and State _____ Color or race <u>White</u> Age at last Birthday <u>23</u> (Years) Birthplace <u>Kansas</u> (City and State or County) Occupation <u>Nurse</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 3 - P. M.
on the date above stated.

(Signature) T. S. G. Over

(Physician or midwife)

Address Caldwell Ida

Filed _____ 19 _____

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

for each unit the number of cases in order of priority assigned. If the case of more than one unit is selected, the highest priority unit is selected, then the case of the next highest priority unit, and so on.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia
City of Burley
No. 7 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

192256

(If born in hospital or institution
give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth { and }	Legiti- mate? <u>yes</u>	Date of birth <u>June 4</u> 19 <u>31</u> (Month) (Day) (Year)
----------------------------	---	---	--------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 7 (a) Born alive and now living 5

Born alive but now dead 1 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Wm Clyde Campbell</u>	FULL MAIDEN NAME <u>Bertha B Hastings</u>
Residence (Usual place of abode) <u>Burley</u>	Residence (Usual place of abode) <u>Burley</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>White</u> Age at last Birthday <u>30</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>32</u> (Years)
Birthplace <u>Kansas</u> (City and State or County)	Birthplace <u>Lincoln Co Kansas</u> (City and State or County)
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 9 20 P M.
on the date above stated.

(Signature) William Frazier, M.D.

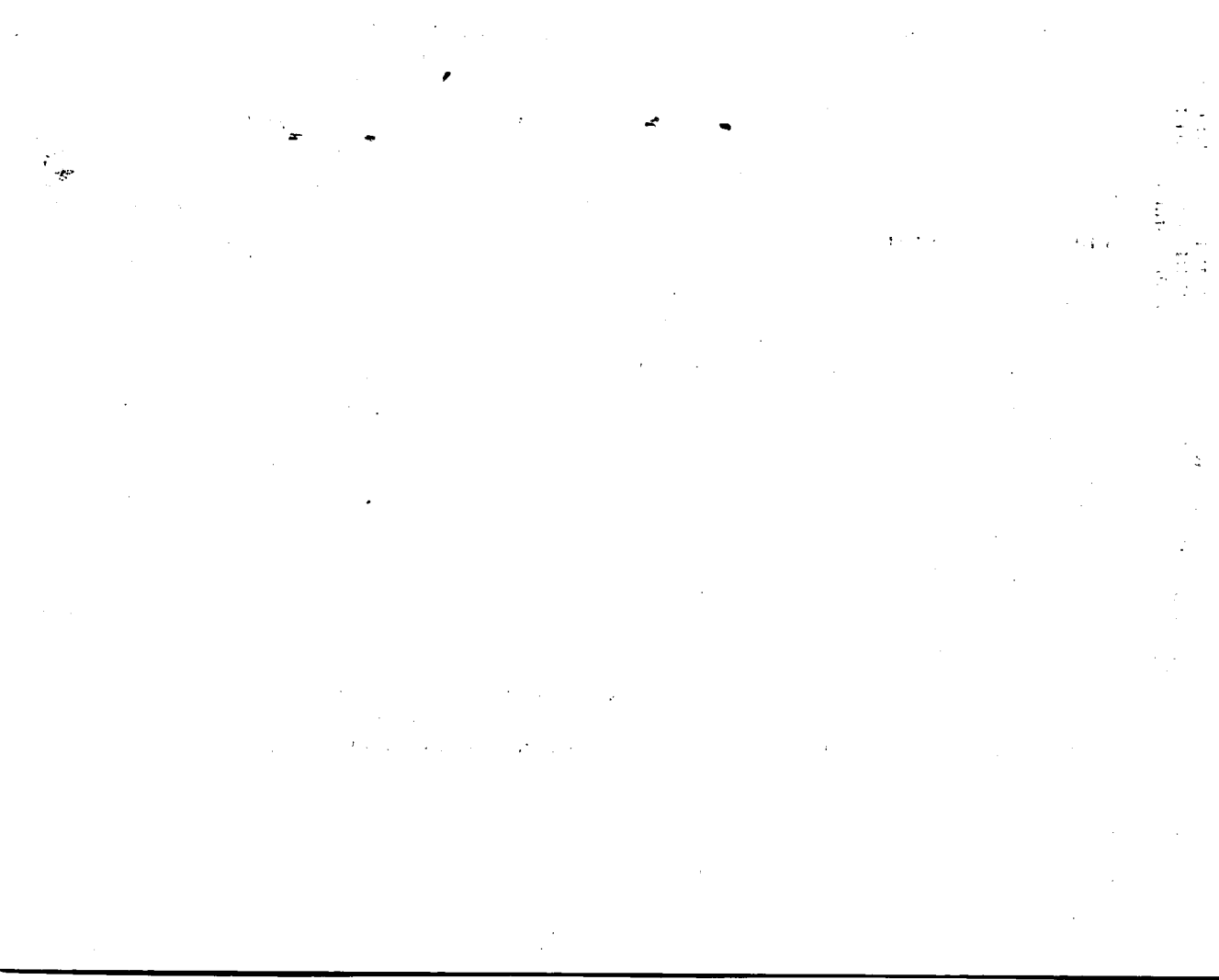
(Physician or midwife)

Address Burley Idaho

Filed 7-8-1931 E.H. Carter

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Carson
City of Burley

Registration District No.

Primary Registration District No. Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Campbell

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) S.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 4 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley
(State or country) Idaho10. NAME OF FATHER Wm. C. Campbell11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Kansas12. MAIDEN NAME OF MOTHER Bertie Viola Daugherty13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Kansas14. Informant (Address) Wm. Clyde Campbell
Burley, Ida.15. Filed 15, 1931 Registrar.

RECEIVED JUL 11 1931

DO NOT WRITE IN THIS SPACE

State File No. 75609

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 4, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 4, 1931,
that I last saw him still born alive on June 4, 1931,
and that death occurred, on the date stated above, at 3:30 P.M.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still born - (Premature birth).

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Helmut H. ..., M. D.19. (Address) Burley, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

Burley, Ida. June 5 - 193120. Undertaker D. E. Johnson Burley

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Carson
City of Blackfoot
No. 959124 St. 019 351

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S192287

Registration District No. 76 State File No. 492
Prim. Registration District No. 2153 Local Registrar's No. 492
(If born in hospital or institution give name.)

FULL NAME OF CHILD Wells L. Gray June
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u>and</u> Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>4-24-1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Boric acid

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FULL NAME <u>Wells June</u>	FATHER <u>Wells L. Gray</u>	FULL MAIDEN NAME <u>Eva</u>	MOTHER <u>Charles</u>
-----------------------------	-----------------------------	-----------------------------	-----------------------

Residence (Usual place of abode) Blackfoot

If non-resident, give place and State

Color or race W Age at last Birthday 23 (Years)

Birthplace Idaho (City and State or County)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 61 M.
on the date above stated.

(Signature) Conrad

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Blackfoot

Filed Jul 9 1931 Kore Nowacki
Registrar.

JUN 26 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Preston
No. _____ St. _____

575 203 021-794
(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>6-3-1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead _____ Stillborn 1

FATHER
FULL NAME Hyman Carl Nelson

Residence (Usual place of abode) _____

If non-resident, give place and State Preston

Color or race W Age at last Birthday 45
(Years)

Birthplace Preston
(City and State or County)

Occupation Farmer

MOTHER
FULL MAIDEN NAME Williamina Martha Elden

Residence (Usual place of abode) _____

If non-resident, give place and State Preston

Color or race W Age at last Birthday 38
(Years)

Birthplace _____
(City and State or County)

Occupation N. H.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 11:00 7 M.
on the date above stated.

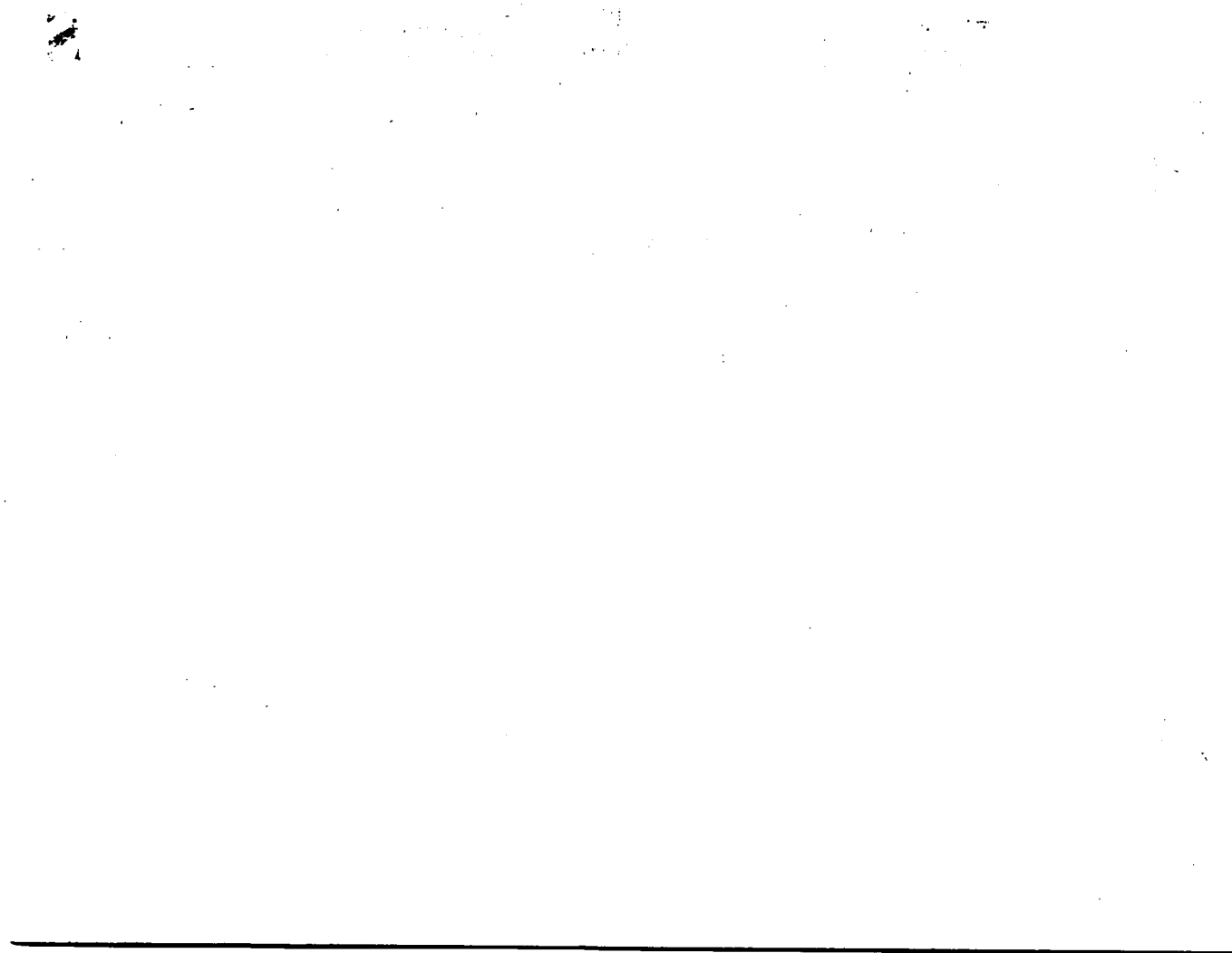
(Signature) D. R. Cutler

(Physician or midwife)

Address Preston Idaho

Filed 6-3-1931 D. R. Cutler
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH **Idaho** RECEIVED JUL 2 1931 STATE OF IDAHO
County of **Franklin** DEPARTMENT OF PUBLIC WELFARE
City of **Preston** BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 192305

No. **Gen. Mem. Hosp.** St. Registration District No. **27** State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. **2119** Local Registrar's No. **145**

FULL NAME OF CHILD **Stillbirth**
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child ✓	Twin Triplet or other?	and } Number in order of birth	Legitimate? yes	Date of birth 6-27-1931 (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. (a) Born alive and now living _____
Born alive but now dead _____ Stillborn **1**

FATHER FULL NAME Clarence Call Residence (Usual place of abode) Dayton If non-resident, give place and State _____ Color or race W Age at last Birthday 23 (Years) Birthplace Dayton (City and State or County) Occupation Sanitarian	MOTHER FULL MAIDEN NAME Beth Belnap Residence (Usual place of abode) Dayton If non-resident, give place and State _____ Color or race W Age at last Birthday 19 (Years) Birthplace Preston (City and State or County) Occupation N. H.
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at _____ M.

(Signature) **Orvid R. Cutler**

(Physician or midwife)

Address **Preston, Ida**

Filed **6-28** 1931 **(P. R. Cutler)**

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED JUL 3 1931 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75389

State File No.

PLACE OF DEATH

County of FranklinCity of PrestonRegistration District No. 27Primary Registration District No. 2119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Call

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 05a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) June 27 317. AGE Years Months Days If LESS than 1 day, hrs. or min. 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)10. NAME OF FATHER Calrence Call11. BIRTHPLACE OF FATHER (city or town) Dayton Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Beth Belnap
Elizabeth13. BIRTHPLACE OF MOTHER (city or town) Preston Idaho
(State or County)14. Informant Clarence Call(Address) Dayton15. Filed 6-27-1931Registrar. C. R. Cutler

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 6-27, 1931

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 1 p.m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Heart failure
lung failure
thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. R. C. Geller M. D......, 19..... (Address) Preston Idaho19. Place of Burial, Cremation, or Removal Dayton IdahoDate of Burial June 27 31
1920. Undertaker ✓Address ✓

206

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

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Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Rootenai
City of Cremed Alene
No. 25711028 '24 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
192453

Home Hospital Registration District No. 30 State File No.
(If born in hospital or institution
give name.) Prim. Registration District No. 1050 Local Registrar's No. 90

FULL NAME OF CHILD Henry Albert Seagraves
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>5</u> <u>11</u> <u>1931</u> (Month) (Day) (Year)
-----------------------------	---	---	--------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? -

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead. 1 Stillborn 1

FATHER FULL NAME <u>John Kortanai Seagraves</u>	MOTHER FULL MAIDEN NAME <u>Paula Kay Sampson</u>
--	---

Residence (Usual place of abode) Cremed Alene Ida Residence (Usual place of abode) Cremed Alene Ida

If non-resident, give place and State. If non-resident, give place and State.

Color or race White Age at last Birthday 26 Color or race White Age at last Birthday 21
(Years) (Years)

Birthplace Cremed Alene Ida Birthplace Pekoa Wash
(City and State or County) (City and State or County)

Occupation Engineer Occupation Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Boy } at 8:45 A.M.
on the date above stated. { Stillborn }

(Signature) E. H. Teed

(Physician or midwife)

Address Cremed Alene Ida

Filed 6-29 1931 H. J. Surger
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO *Teed.*
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75238

State File No.

PLACE OF DEATH

County of *Kootenai*City of *Edgemoor*

CERTIFICATE OF DEATH

Registration District No. *30*Primary Registration District No. *1050*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence No. *102 Edgemoor*

St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. Single, Married, Widowed, or Divorced (write the word.) *Single*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant
(Address)

15.

Filed *5-29*, 19*31**N. J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May
(Month)*11*
(Day)*1931*
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 11 — 19*31*, to *May 11*, 19*31*
that I last saw him alive on *Stillborn*, 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

*Stillborn*CONTRIBUTORY (Secondary) *Malpresentation*
(duration)yrs.mos.ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

5-12 - 19*31* (Address) *Edgemoor*

19. Place of Burial, Cremation, or Removal

Date of Burial

*Forest Cemetery**5/12* 19*31*

20. Undertaker

Address

*O. B. Mooney**Edgemoor*

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

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Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH

STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 192603

County of Twin Falls
City of Twin Falls
No. _____ St. _____T. F. Co. & Gen. Hosp. Registration District No. 37 State File No. S
(If born in hospital or institution give name.) Prim. Registration District No. 2085 Local Registrar's No. 246FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)Sex of Child Female Twin Triplet or other? } and } Number in order of birth Legitimate? yes Date of birth June 18 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 2 (a) Born alive and now living 2Born alive but now dead 0 Stillborn 1FATHER FULL MAIDEN MOTHER
NAME Harold L. Yeaman NAME Ruth H. MartinResidence (Usual place of abode) Buhl, Idaho Residence (Usual place of abode) Buhl, Idaho

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race W Age at last Birthday 33 Color or race W Age at last Birthday 34
(Years) (Years)Birthplace Dubois, Idaho Birthplace Butte, Mont.
(City and State or County) (City and State or County)Occupation att Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

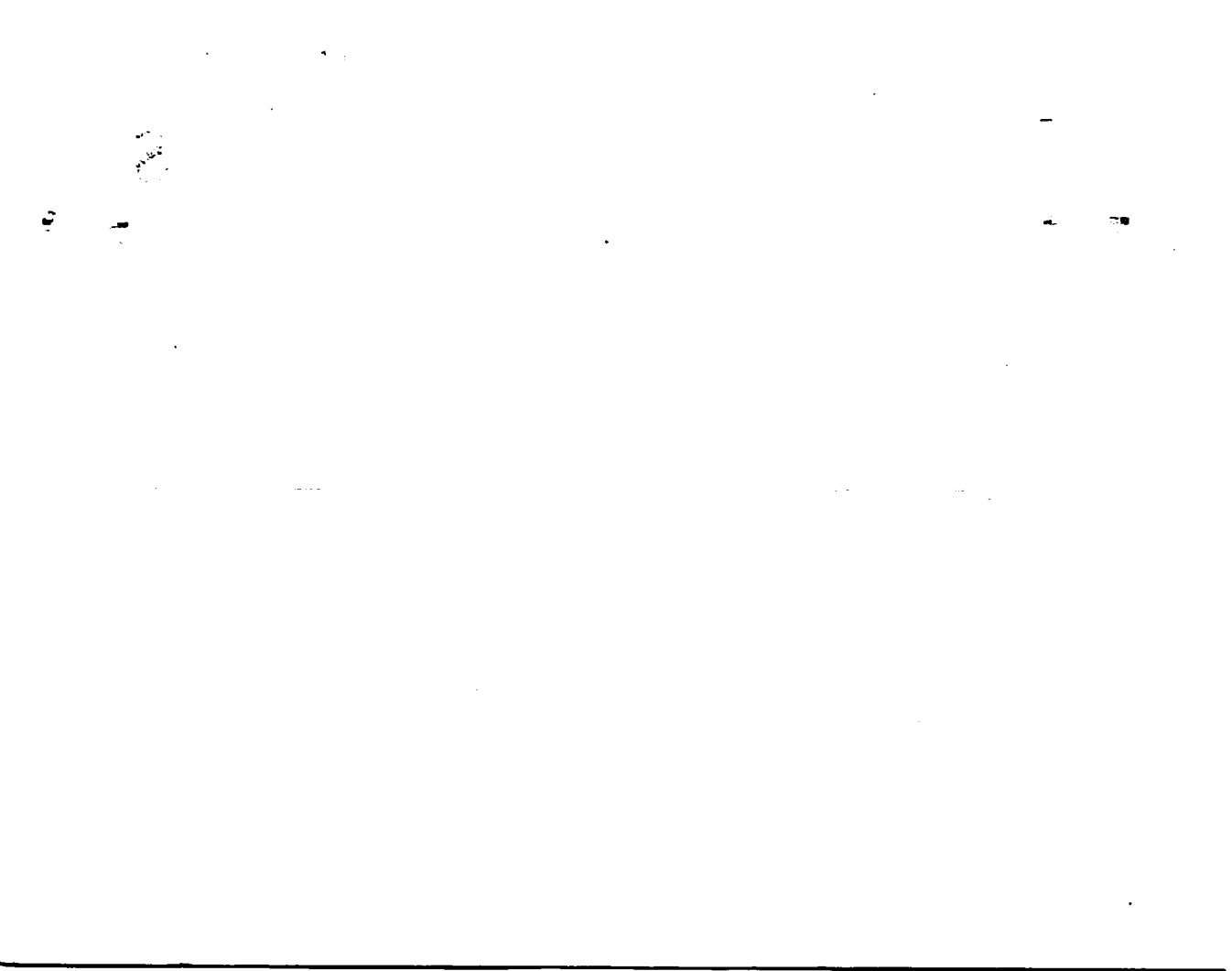
I hereby certify that I attended the birth of this child, who was Born alive at 6:45
on the date above stated. 6 A.M.(Signature) Regina J. Smith

(Physician or midwife)

Address Buhl, Id.Filed July 2nd 1931 Elizabeth J. Smith
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
75712
State File No.....

PLACE OF DEATH
County of Twin Falls
City of Buhl

Registration District No. 39
Primary Registration District No. 2087

Local Registrar's No.....

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)
2. FULL NAME Baby Iris Yeamans
(a) Residence. No. 219 Broadway St. Buhl, Ida
(Usual place of abode)
Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) 6/18/31
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (city or town) Twin Falls (State or country)
10. NAME OF FATHER Harold Yeamans
11. BIRTHPLACE OF FATHER (city or town) Idaho (State or Country)
12. MOTHER'S NAME Martin
13. BIRTHPLACE OF MOTHER (city or town) Montana (State or Country)

14. Informant Harold Yeamans
(Address) 219 Broadway, Buhl, Idaho
15. Filed June 30, 1931 J. H. Woppley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 6/18 1931
(Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from 6/18 1931, to 6/18 1931, that I last saw him alive on 6/18 1931 and that death occurred, on the date stated above, at ✓ m. The CAUSE OF DEATH* was as follows:
Still born
Strangulation by 3 turns
of cord umbilical cord
around neck (duration) 3 yrs. ✓ mos. ✓ ds.
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
18. Where was disease contracted ✓ if not at place of death?
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? _____ (Signed) J. H. Woppley, M. D.
6/19 1931 (Address) Buhl Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Buhl Cemetery Date of Burial 6/19/31
20. Undertaker J. H. Woppley Address Buhl, Ida
23

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 11 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S
192731

1. PLACE OF BIRTH
County of Adams
City of Mesa-Idaho

No. 263-105-002-296 St.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Infant Rockler

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>8-5-</u> 193 <u>1</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth	Full term		

9. Full name FATHER
Augustus Henry Rockler

10. Residence (usual place of abode)
(If non-resident, give place and State) Mesa-Idaho

11. Color or race W. 12. Age at last birthday 55 (years)

13. Birthplace (city or place)
(State or country) Pittsburg-Tenn.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit-grower

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Orchard

16. Date (month and year) last engaged in this work 8-8- 31

17. Total time (years) spent in this work Life

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation 9 months or weeks

29. Cause of stillbirth Asphyxia

Before labor Yes
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Still-born on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(DATE OF)

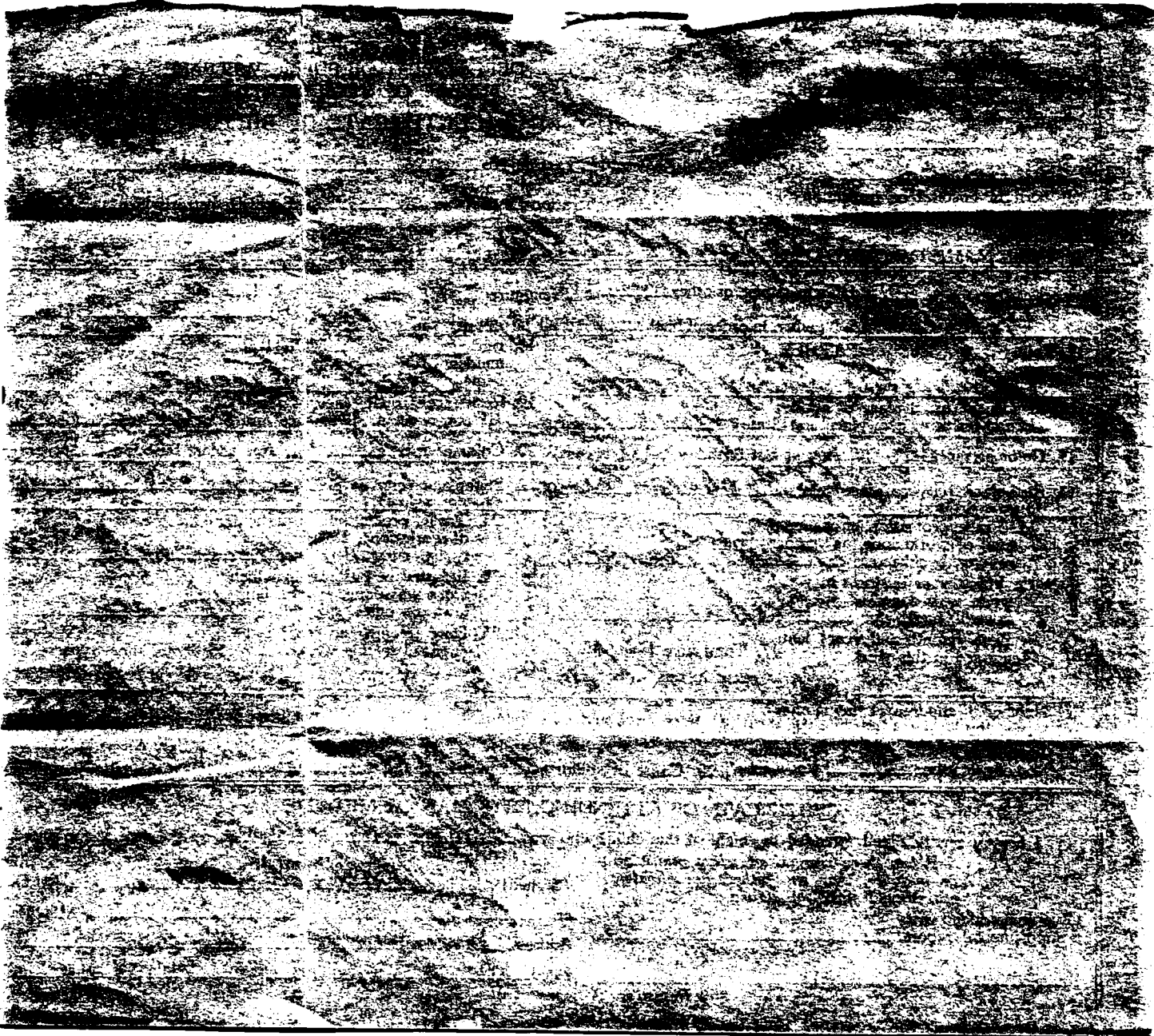
(Signed) W. H. Thomas M. D.

or _____ Midwife
Address Cambridge-Idaho

Filed 8-8-31 1931 CAMBRIDGE, IDAHO

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Bannock
City of Lava Hot Springs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 192746

No. Municipal San. Registration District No. 84 State File No. 1931
(If born in hospital or institution give name.) Stillbirth Local Registrar's No. 921

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of birth July 3 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 1 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME James Edgar Rowe
Residence (Usual place of abode) McCammon
If nonresident, give place and State
Color or race White Age at last Birthday 32
Birthplace McCammon (Years)
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Ruth Larson Greer
Residence (Usual place of abode) McCammon
If nonresident, give place and State
Color or race White Age at last Birthday 21
Birthplace McCammon (Years)
(City and State or Country)
Occupation Housewife

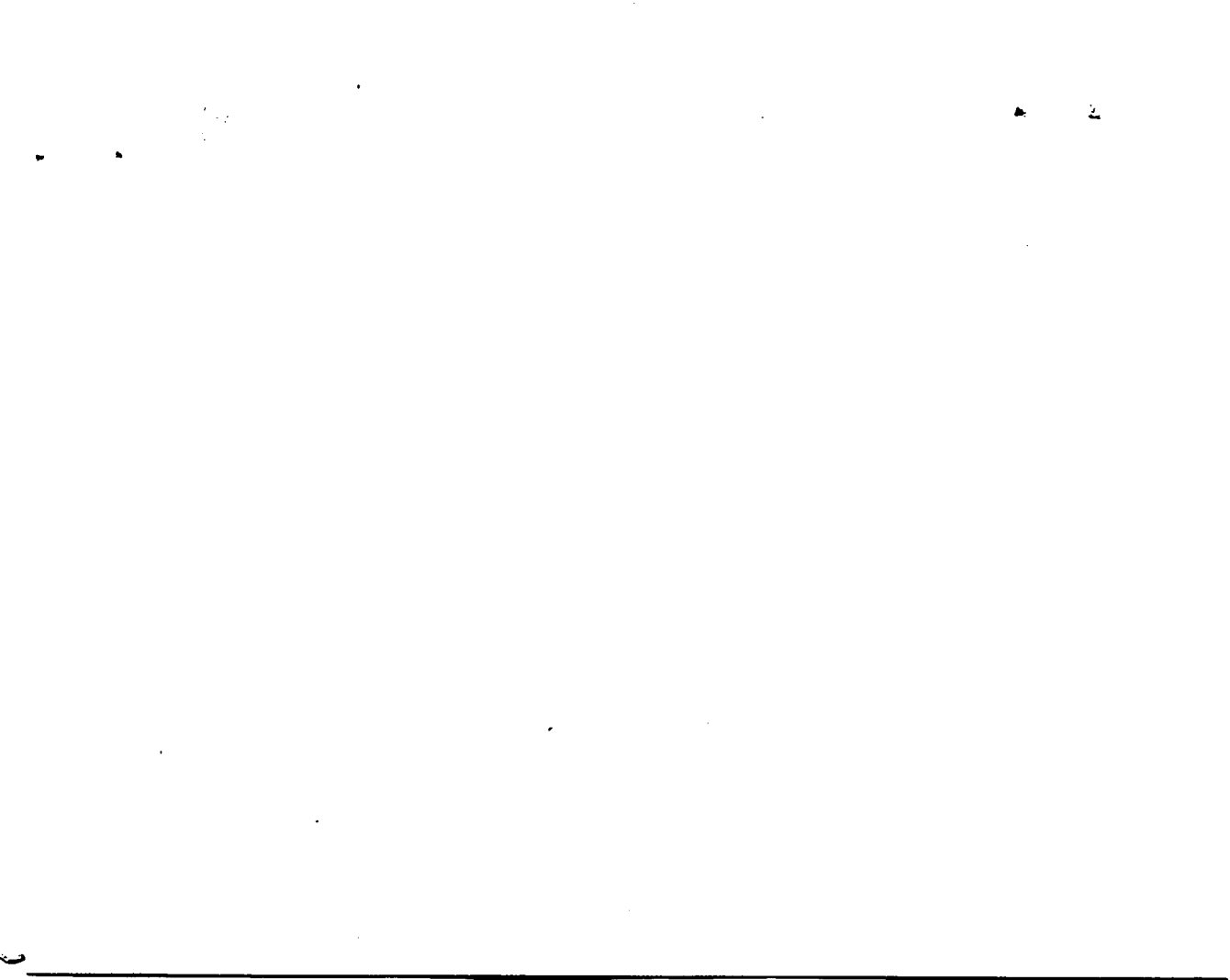
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 500 P M.
on the date above stated.

(Signature) Edw. Rich
Physician
(Physician or midwife)

Address Lava Hot Springs
Filed July 31 1931 Mrs. G. J. Hest
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75778

PLACE OF DEATH

County of Bannock
City of Lara Hot SpringsRegistration District No. 84Primary Registration District No. 216Local Registrar's No. 227

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. 206

(Usual place of abode)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) July 3 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lara Hot Springs
(State or country)

10. NAME OF FATHER

James Edgar Rowe11. BIRTHPLACE OF FATHER (city or town) Mc Cammon
(State or Country)

12. MOTHER'S NAME OF MOTHER

Ruth Laron Green13. BIRTHPLACE OF MOTHER (city or town) Mc Cammon
(State or Country)14. Informant Jas. Edgar Rowe
(Address) Mc Cammon15. Filed July 31, 1931 Mr. J. G. Tibbitts
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 3, 1931, 19 31, to July 3, 1931that I last saw him alive on July 3, 1931and that death occurred, on the date stated above, at 5:05 P. M.

The CAUSE OF DEATH was as follows:

Stillbirth Asphyxiation -
Abnormal position &
abnormal delivery yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

18. Where was disease contracted No disease
if not at place of death?Did an operation precede death? no Date of —Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) C. A. Rich M.D.July 3, 1931 (Address) Lara Hot Springs

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mc Cammon Date of Burial July 3, 193120. Undertaker Had none Address —

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH 366 1114

County of Bannock 003-255

City of Pocatello

No. Schiller, Idaho

Pocatello Gen. Hos.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 28 State File No. _____

Prim. Registration District No. 2161 Local Registrar's No. 327

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>—</u>	and {	Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of birth <u>7</u> <u>14</u> <u>1931</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 2nd (a) Born alive and now living. 1

Born alive but now dead. 0 Stillborn yes

FATHER FULL NAME <u>Grandville Crookston</u>	MOTHER FULL MAIDEN NAME <u>Grace A. Benson</u>
---	---

Residence (Usual place of abode). <u>Schiller</u>	Residence (Usual place of abode). <u>Schiller Idaho</u>
---	---

If non-resident, give place and State. <u>Idaho (23)</u>	If non-resident, give place and State. _____
--	--

Color or race. <u>White</u> Age at last Birthday <u>21</u> (Years)	Color or race. <u>White</u> Age at last Birthday <u>21</u> (Years)
---	---

Birthplace <u>Newton Utah</u> (City and State or County)	Birthplace <u>Newton Utah</u> (City and State or County)
---	---

Occupation <u>laborer</u>	Occupation <u>housewife</u>
---------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 9:50 a. M.
on the date above stated.

(Signature) Dr. C. E. Brown

Physician
(Physician or midwife)

Address Pocatello Idaho

Filed 8-1 19 31 W. H. Gray

Registrar.

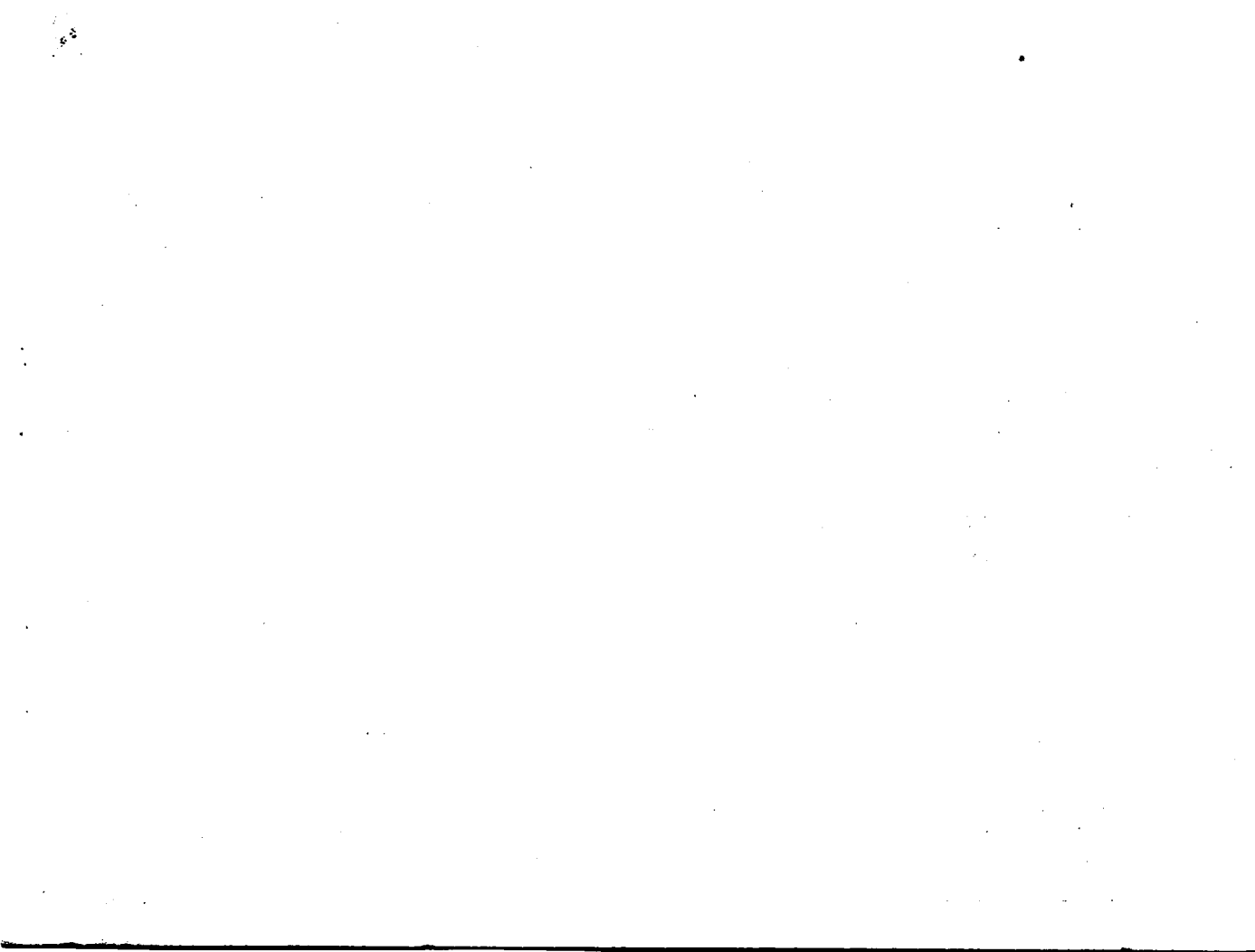
*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

192810

S



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bear Lake
City of High Haven
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 55 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Six months Stillborn

3. Sex
Male

If plural
births

4. Twin, triplet, or other
5. Number, in order of birth

6. Premature X
Full term

7. Legiti-
mate? Yes

8. Date of
birth July 6, 1931
(MONTH, DAY, YEAR)

9. Full
name

FATHER

Clarence Leopold

10. Residence (usual place of abode)
(If non-resident, give place and State)

High Haven

11. Color or race W

12. Age at last birthday 27 (years)

13. Birthplace (city or place)
(State or country)

Idaho

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

laborer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year) last
engaged in this work

17. Total time (years)
spent in this work

19

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, 2 1/2 months
period of gestation

29. Cause of stillbirth Not Known

Before labor X
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:10 P m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report

Kannah J. Nelson (DATE OF)
Registrar.

(Signed) C. O. Moore, M. D.

or _____, Midwife

Address Paris, Idaho

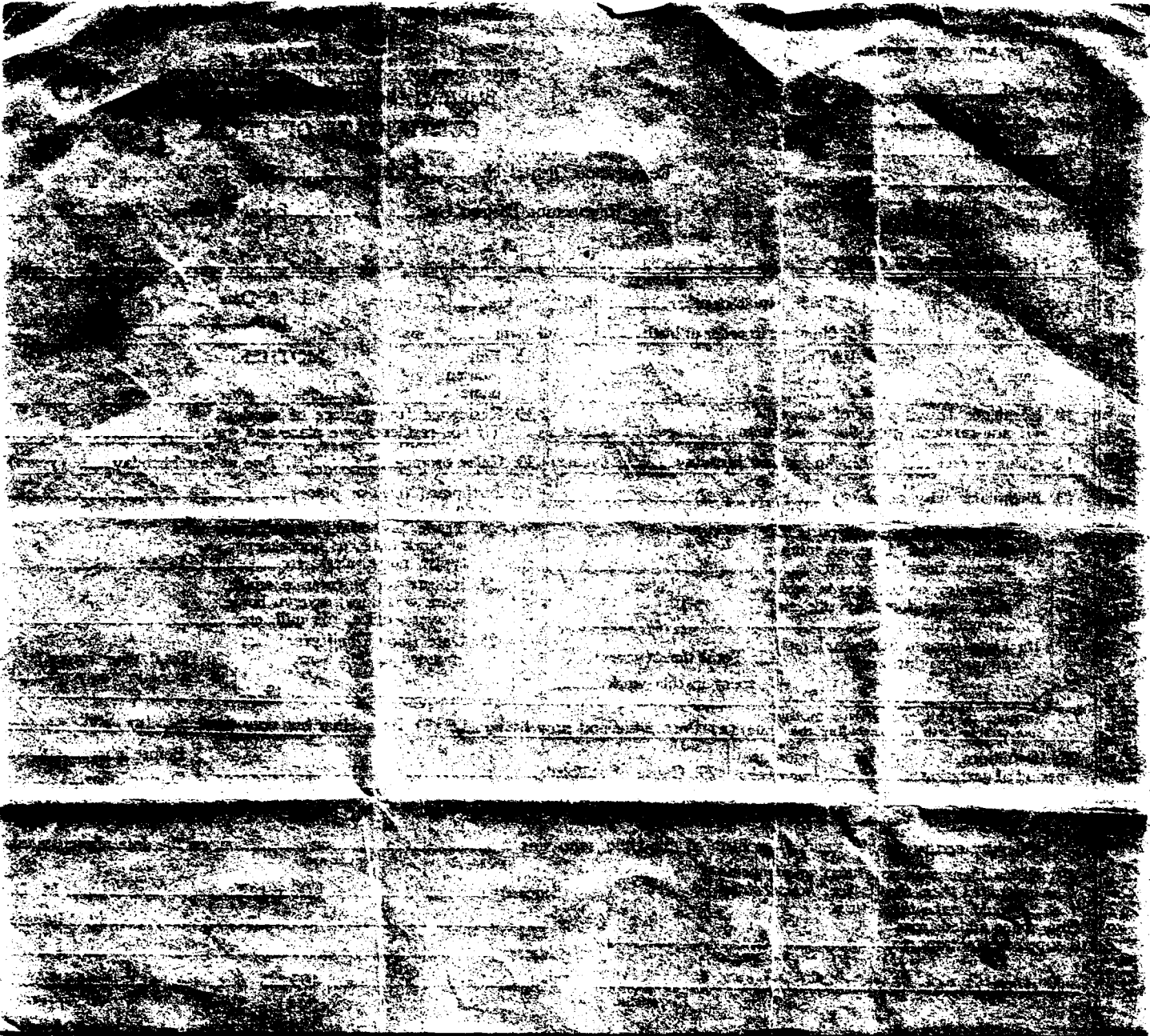
Filed Aug 3, 1931 Kannah J. Nelson
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 192827

AUG 7 1931

S



WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED AUG 9 1931 STATE OF IDAHO
County of Blaine DEPARTMENT OF PUBLIC WELFARE
City of Hailey BUREAU OF VITAL STATISTICS
No. _____ St. _____ CERTIFICATE OF BIRTH 192884
Registration District No. 57 State File No. _____
(If born in hospital or institution
give name.) Prim. Registration District No. 2022 Local Registrar's No. 25

FULL NAME OF CHILD Stiehlbrech
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>7</u> <u>7</u> <u>31</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? X

Number of child of this mother, including present birth 5 (a) Born alive and now living 2

Born alive but now dead 3 Stillborn 3

FATHER FULL NAME <u>Ellie Brundage</u>	MOTHER FULL MAIDEN NAME <u>Nina Gregory</u>
---	--

Residence (Usual place of abode) Lansing, Mich

If nonresident, give place and State

Color or race white Age at last Birthday 51
(Years)

Birthplace Michigan
(City and State or Country)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 12 M.
on the date above stated. { Stillborn }

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey Ida

Filed 7-30-1931 Robert H. Wright
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

—

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75816**

Local Registrar's No. **15**

PLACE OF DEATH

County of **Blaine**
City of **Hailey**

Registration District No. **57**
Primary Registration District No. **2022**
(No. **157**)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **white** 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) **7-7-1931**

7 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) **Hailey, Ida**
(State or country)

10 NAME OF FATHER **Allie Brundage**

11 BIRTHPLACE OF FATHER (city or town) **Lansing, Michigan**
(State or country)

12 MAIDEN NAME OF MOTHER **Mina Gregory**

13 BIRTHPLACE OF MOTHER (city or town) **Lansing, Mich**
(State or country)

14 Informant **Robert H. Wright - M.D.**
(Address) **Hailey, Ida**

15 Filled **7-31**, 19 **31** **Robert H. Wright**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

7 (Month) **7** (Day) 19 **31** (Year)

17 I HEREBY CERTIFY, That I attended deceased from

_____, 19_____, to _____, 19_____.
that I last saw h_____ alive on _____, 19_____.
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Stillborn

CONTRIBUTORY (Secondary)

(duration) ____ yrs. **6** mos. ____ ds.

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) **Robert H. Wright** M.D.
7-7, 19 **31** (Address) **Hailey, Ida**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal **Hailey, Ida** Date of Burial **7-7** 19 **31**

20. Undertaker **Robert H. Wright** Address **Hailey, Ida**

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Boole
No. _____ St. _____

RECEIVED AUG 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 192885

(If born in hospital or institution give name.)

Registration District No. 57 State File No. _____

Prim. Registration District No. 2022 Local Registrar's No. 24

2. FULL NAME OF CHILD Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes Full term _____ 7. Legitimate? Yes 8. Date of birth 7-5, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Ben William Shubert
10. Residence (usual place of abode) Boole
(If non-resident, give place and State) _____

18. Full maiden name MOTHER Porty Grace Turner
19. Residence (usual place of abode) Boole
(If non-resident, give place and State) _____

11. Color or race W 12. Age at last birthday 37 years

20. Color or race W 21. Age at last birthday 33 years

13. Birthplace (city or place) Cherokee Iowa
(State or country) _____

22. Birthplace (city or place) Great Falls Mont
(State or country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Idaho
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 10
19. _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 6
19. _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 2

28. If stillborn, 6 mo months or weeks period of gestation { 29. Cause of stillbirth Placental hemorrhage Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Shubert at 3:30 m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(BORN ALIVE OR STILLBORN)

(Signed) S. W. P. M. D.

Give name added from a supplemental report _____

or _____ Midwife

(DATE OF)

Address Boole, Idaho

Filed 7-30, 1931 Robert H. Wright

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 3 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 75815

Local Registrar's No. 16

PLACE OF DEATH

County of Blaine
City of Bellevue

Registration District No. 57
Primary Registration District No. 2071
(No.)

(If death occurred in a hospital or institution, give its name instead instead of street and number.)

2. FULL NAME

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 7-5-1931

7 AGE Years Months Days 1 If LESS than day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bellevue, Ida (State or country)

10 NAME OF FATHER Ben Wm Shubat

11 BIRTHPLACE OF FATHER (city or town) Cherokee, Iowa (State or country)

12 MAIDEN NAME OF MOTHER Dorothy Grace Turner

13 BIRTHPLACE OF MOTHER Great Falls, Mont (State or country)

14 Informant E. W. Fox M.D. (Address) Hailey, Ida

15 Filed 7-31-31 Robert H. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 5 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw him alive on 19 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Stillborn

CONTRIBUTORY (Secondary)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. W. Fox M.D. 7/5 1931 (Address) Hailey, Ida

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal Date of Burial 19

20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 5 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 192897

1. PLACE OF BIRTH

County of Boone
City of Sandpoint, Ida
No. 514 21. End St.
Log Hospital
(If born in hospital or institution give name.)

Registration District No. 7F

State File No. _____

Prim. Registration District No. 2/55

Local Registrar's No. 74

2. FULL NAME OF CHILD Infant Sanborn

3. Sex <u>Female</u>	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>July 18, 1931</u> (MONTH, DAY, YEAR)
9. Full name <u>Harvey S. Sanborn</u>			18. Full maiden name <u>Marie Campbell</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint</u>		
11. Color or race <u>White</u>			21. Age at last birthday <u>3.2</u> (years)		
13. Birthplace (city or place) (State or country) <u>Spokane, Wash</u>			22. Birthplace (city or place) (State or country) <u>Wisconsin</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mill</u>			24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>Working now, 1931</u>			25. Date (month and year) last engaged in this work <u>now 1931</u>		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u>			(b) Born alive but now dead <u>1</u>		
28. If stillborn, period of gestation <u>8</u> months or weeks			29. Cause of stillbirth <u>Hypoxia</u>		
			Before labor <u>✓</u>		
			During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:15 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm F. Tyler

M. D.

or

Midwife

Address Sandpoint Idaho

Filed Aug 3, 1931

Viola Allen
Deputy

Registrar.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

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STANDARD CERTIFICATE OF DEATH

75819⁶⁰
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Bonner State IDAHO Registered No. 78
 Township _____ or Village _____
 City Sandpoint No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Stillborn Sanborn, 206
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 18, 1931

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
 (State or country) Idaho

13. NAME Harvey Sanborn

14. BIRTHPLACE (city or town) Spokane
 (State or country) Wash.

15. MAIDEN NAME Marie Campbell

16. BIRTHPLACE (city or town) Mason
 (State or country) Wash.

17. INFORMANT Harvey Sanborn
 (Address) Sandpoint Idaho

18. BURIAL, CREMATION, OR REMOVAL Presbyterian
 Place Sandpoint Idaho Date July 18, 1931

19. UNDERTAKER Wm. H. Tyler
 (Address) Sandpoint Idaho

20. FILED July 18, 1931 Udela Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1931, to July 18, 1931.
 I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
8 1/2 month fetus

Other contributory causes of importance:

Hydrocephalus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Wm. H. Tyler, M. D.

(Address) Sandpoint Idaho

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. **Examples:**

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner
City of Priest River
No. St.

STATE OF IDAHO AUG 5 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S192899

Registration District No. 85 State File No.
Prim. Registration District No. 2185 Local Registrar's No. 34

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>July 27</u> 19 <u>31</u> (Month) (Day) (Year)
-----------------------------	---	---	--------------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead 1 Stillborn 1

FATHER FULL NAME <u>Henery Carl Felsman</u>	MOTHER FULL MAIDEN NAME <u>Ruby Jenkins</u>
--	--

Residence (Usual place of abode) Priest River, Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 39 (Years)

Birthplace Montana (City and State or County)

Occupation Laborer

Residence (Usual place of abode) Priest River, Idaho

If non-resident, give place and State

Color or race White Age at last Birthday 37 (Years)

Birthplace Missouri (City and State or County)

Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:35 A. M.
on the date above stated.

(Signature) Harold C. Soucey M.D.

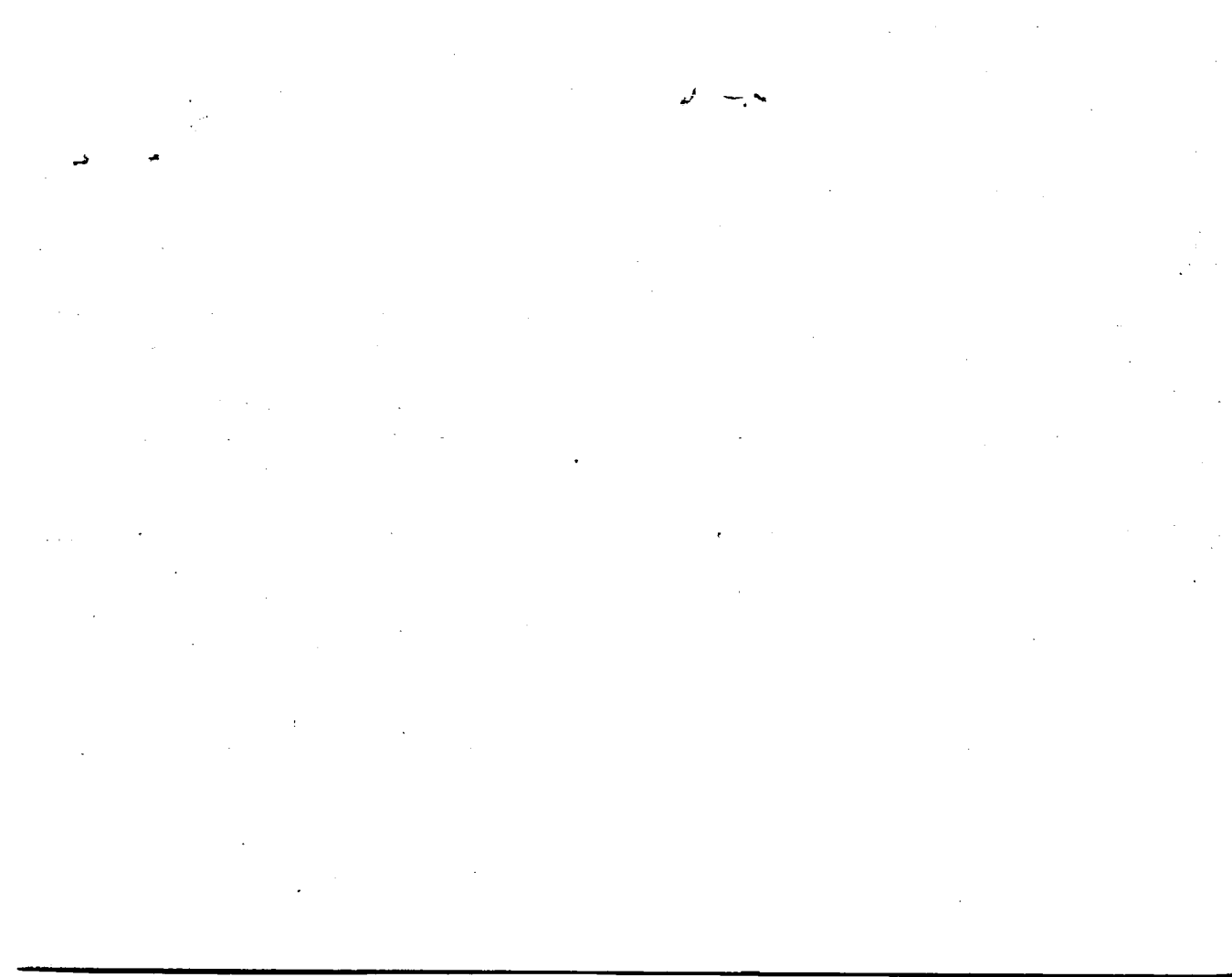
(Physician or midwife)

Address Priest River, Idaho

Filed July 31 1931

R. E. W.
F. E. W. Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 5 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75818

State File No.

PLACE OF DEATH

County of Bonner
City of Crest River

CERTIFICATE OF DEATH

Registration District No. 85
Primary Registration District No. 2185

Local Registrar's No. 17

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Felman

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed,
or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 27 1931

7. AGE Years Months Days If LESS than 1 day,
hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Crest River
(State or country) Idaho

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) Montpelier
(State or Country) Mont.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) St. Joe
(State or County) Mo.

14. Informant Henry C. Felman
(Address) Crest River, Idaho

15. Filed July 27 1931 R. E. Weese
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 27 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 27 1931 to July 27 1931
that I last saw him alive on 19.....

and that death occurred, on the date stated above, at 2 A.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Birth injury (cord over head cut off blood supply from baby)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Findings(Signed) Harold C. Sawyer, M. D.7-27- 1931 (Address) Crest River, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Woodmen Cemetery July 27 1931

20. Undertaker

Address

R. E. Felman, Father Crest River
Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of CanyonCity of NampaNo. 212-13 Ave. N(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 7 State File No. 148Prim. Registration District No. 006 Local Registrar's No. 148

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
ChildMaleTwin
Triplet
or other?

{ and }

Number
in order
of birth

(To be answered only in event of plural births)

Legiti-
mate?YesDate of
birth7-6-31 1931
(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth (a) Born alive and now living

Born alive but now dead Stillborn

FULL
NAME

FATHER

Floyd DavisFULL
MAIDEN
NAME

MOTHER

Mae Darnington

Residence (Usual place of abode)

212-13 Ave. N

Residence (Usual place of abode)

212-13 Ave. N

If non-resident, give place and State

If non-resident, give place and State

Color or race

White

Age at last Birthday

28

Color or race

White

Age at last Birthday

22

Birthplace

Las Vegas, N. M.

(City and State or County)

Birthplace

Los Angeles, Calif.

(City and State or County)

Occupation

Teacher

Occupation

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 7:30 A. M.
on the date above stated.

(Signature)

V. C. Bell

(Physician or midwife)

Address

Nampa, Idaho

Filed

8-1-31 Deeth Conroy

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every aspect of their operations, from procurement to sales, to ensure that all data is captured and stored securely.

2. The second section focuses on the role of technology in modern record management. It highlights how digital tools and software solutions can significantly enhance the efficiency and accuracy of record-keeping. By leveraging cloud storage and automated data entry systems, organizations can reduce the risk of human error and ensure that their records are always up-to-date and accessible. The text also mentions the importance of regular backups and security measures to protect sensitive information from loss or theft.

3. The third part of the document addresses the challenges associated with managing large volumes of data. It notes that as organizations grow, the amount of data they generate increases exponentially, making it difficult to manage and analyze effectively. To overcome these challenges, the text recommends adopting data governance frameworks that define clear policies and procedures for data handling. It also suggests investing in data analytics tools that can help organizations extract meaningful insights from their vast data stores.

4. The final section discusses the importance of training and education in ensuring that all employees understand the importance of record-keeping and are equipped with the necessary skills to manage records effectively. The text stresses that record management is not just a technical task but a cultural one, requiring a commitment from all levels of the organization. Regular training sessions and workshops can help reinforce best practices and ensure that everyone is on the same page when it comes to record management.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75836

State File No.

PLACE OF DEATH

County of Canyon

City of Nampa

CERTIFICATE OF DEATH

Registration District No. 2

Primary Registration District No. 206

(No. 212-13th Ave. Sono)

Local Registrar's No. 84

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Davis

(a) Residence No. 212-13th Ave. Sono St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) July 6th 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

X min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

10. NAME OF FATHER

Floyd Davis

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Kentucky

12. MAIDEN NAME OF MOTHER

Ma Darrington

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

Colorado

14.

Informant

Mr. Floyd Davis
212-13th Ave. Nampa

15.

Filed

7/11

1931

Idaho
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 6th, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to July 6, 1931

that I last saw h..... alive on, 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still born. Premature
from umbilical cord
membrane.
(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

.....(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) V. E. Bellamy M. D.
7-7-, 1931 (Address) Nampa Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Kohlerlawn-Nampa 7-7-31

20. Undertaker

Address

Mrs Nina M. Talley Nampa

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____ (name origin);** "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

1. PLACE OF BIRTH

County of Franklin
City of Preston

No. Gen Men Nesp St.

(If born in hospital or institution give name.)

RECEIVED AUG 3 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 193004

Registration District No. 27 State File No. _____

Prim. Registration District No. 2119 Local Registrar's No. 1

2. FULL NAME OF CHILD

Baby Williams

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 7-21- 1931
(MONTH, DAY, YEAR)

9. Full name of FATHER James T. Williams

18. Full maiden name of MOTHER Annetta Stoffers

10. Residence (usual place of abode) (If non-resident, give place and State) Offord

19. Residence (usual place of abode) (If non-resident, give place and state) Offord

11. Color or race W 12. Age at last birthday 29 (years)

20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) Idaho

22. Birthplace (city or place) (State or country) Afton Wyo.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. N. H.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth Premature Separation Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) E. K. Custer, M. D.

or _____ Midwife

Address Preston Idaho

Filed Aug 1 1931 G. W. Stiles

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO RECEIVED AUG 3 1931		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 75868	
County of <u>Franklin</u>		Registration District No. <u>27</u>		Local Registrar's No. <u>4</u>	
City of <u>Preston</u>		Primary Registration District No. <u>2119</u>			
(No. <u>Gen. Municipal Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Fullbirth</u>					
(a) Residence. No. <u>St.</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Fem.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or <u>Divorced</u> (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>7-21-31</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
✓	✓	—	—		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Preston</u> (State or country)					
MOTHER FATHER					
13. NAME of father <u>James I. Williams</u>					
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
15. MAIDEN NAME <u>Annetta Stoffer</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
17. INFORMANT <u>James I. Williams</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Preston</u> Date <u>7-21-31</u> , 1931					
19. UNDERTAKER (Address)					
20. FILED <u>aug 1</u> , 1931 <u>G. W. Stiles</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>7-21-31</u> , 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>St. Louis</u> , 1931, to <u>St. Louis</u> , 1931.					
I last saw h. alive on <u>7-21-31</u> , 1931; death is said to have occurred on the date stated above, at <u>St. Louis</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Premature separation of Placenta</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation <u>Premature separation of Placenta</u> Date of <u>7-21-31</u>					
What test confirmed diagnosis? <u>Stillbirth</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>7-21-31</u> , 1931.					
Where did injury occur? <u>St. Louis</u> (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. <u>Home</u>					
Manner of injury <u>Premature separation of Placenta</u>					
Nature of injury <u>Premature separation of Placenta</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>No</u>					
(Signed) <u>G. W. Stiles</u> , M. D.					
(Address) <u>Preston, Idaho</u>					

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah
City of Potlatch
No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 65 State File No. _____

Prim. Registration District No. 2185 Local Registrar's No. _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>✓</u> and { Number in order of birth <u>✓</u>	Legitimate? <u>yes</u>	Date of birth <u>Aug 12</u> 1931 (Month) (Day) (Year)
----------------------------	---	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Jane Doe</u>	FULL MAIDEN NAME <u>Wilma Henry</u>
Residence (Usual place of abode) <u>Potlatch</u>	Residence (Usual place of abode) <u>Potlatch</u>
If non-resident, give place and State <u>✓</u>	If non-resident, give place and State <u>✓</u>
Color or race <u>white</u> Age at last Birthday <u>36</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>34</u> (Years)
Birthplace <u>Missouri</u> (City and State or County)	Birthplace <u>Missouri</u> (City and State or County)
Occupation <u>Laborer</u>	Occupation <u>House wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 = 10 M. on the date above stated.

(Signature) D. J. W. Thompson

(Physician or midwife)

Address Potlatch

Filed Aug 4 1931 D. J. W. Thompson

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2

5

RECEIVED AUG 7 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **75920**

PLACE OF DEATH

County of Latah
City of Pottlatch

Registration District No. 65
Primary Registration District No. 2145

Local Registrar's No. 206

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still Birth

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day and year) <u>Aug 1st 1931</u>		
7. AGE <u>✓</u>	Years <u>✓</u>	Months <u>✓</u>
	Days <u>✓</u>	If LESS than 1 day, hrs. or min. <u>✓</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>none</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>		
(c) Name of employer <u>✓</u>		

9. BIRTHPLACE (city or town) Pottlatch
(State or country)

10. NAME OF FATHER Jame Lee

11. BIRTHPLACE OF FATHER (city or town) Missouri
(State or Country)

12. MAIDEN NAME OF MOTHER Wilma Henry

13. BIRTHPLACE OF MOTHER (city or town) Missouri
(State or Country)

14. Informant Jame Lee
(Address) Pottlatch

15. Filed Aug 4th 1931 Jr. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Aug 1 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw h. ✓ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Premature Birth

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Abruption Placentae
(Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jr. Thompson, M. D.
Aug 4th 1931 (Address) Pottlatch

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal <u>Pottlatch Cemetery</u>	Date of Burial <u>Aug 1st</u>
20. Undertaker <u>Parents</u>	Address <u>Pottlatch</u>

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
792-102.03-452
County of **Lewis**
City of **Craigmont**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 193124

No. _____ St. _____ Registration District No. **50** State File No. _____
Hospital _____ Primary Registration District No. **2129** Local Registrar's No. **32**

FULL NAME OF CHILD **Gibson**
(Certificate of no value without full name of child)

Sex of Child **male** Twin Triplet or other? **--** and { Number in order of birth **--** Legiti- **yes** Date of birth **July 2, 1931**
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? **none**
Number of child of this mother, including present birth **2** Number of child of this mother now living, including present birth **1**

FULL NAME **FATHER J B Gibson**
RESIDENCE **Craigmont Idaho**
COLOR **white** AGE AT LAST BIRTHDAY **31**
(Years)
BIRTHPLACE **Mogales Arizona**
OCCUPATION **Harness and shoe man**

FULL NAME **MOTHER Arena Marie Deshaw**
RESIDENCE **Craigmont Idaho**
COLOR **Indian** AGE AT LAST BIRTHDAY **20**
(Years)
BIRTHPLACE **San Ignacio Mont**
OCCUPATION **Housewife**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Stillborn** at **3.00 P** M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Give names added from a supplemental report.

(Signature) **R. E. Dwyer**

(Physician or midwife)

Address **Craigmont Idaho**

Filed **7/11 1931** **R. E. Dwyer** Registrar.

(over) Registrar.

Stillborn because prolapse
cord at delivery
R.G. Dwyer

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 6 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75934**

Local Registrar's No. **9**

PLACE OF DEATH
Lewis
County of **Craigmont**
City of _____

Registration District No. **50**
Primary Registration District No. **2129**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **(Stillborn) Gibson**

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **malw** 4 COLOR OR RACE **white** 5 Single, Married, Widowed, or Divorced (write the word) **single**

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day and year) **July 2- 1931**

7 AGE Years Months Days
0 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **stillborn**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) **Craigmont** (State or country) **Idae**

10 NAME OF FATHER **J B Gibson**
11 BIRTHPLACE OF FATHER (city or town) (State or country) **Mogales arizona**
12 MAIDEN NAME OF MOTHER **Mrena Marie Deshaw**
13 BIRTHPLACE OF MOTHER (city or town) (State or country) **San Ignacious Mont**

14 Informant **J B Gibson**
(Address) **Craigmont**

15 Filed **7-11-31** **R. G. Jewell** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **July 2, 1931**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That **Jana** deceased from **never** in 19____, to **July 2, 31**, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at **3** m.

The CAUSE OF DEATH* was as follows:

Prolapse cord at delivery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) **R. G. Jewell**, M. D. **7/11** 1931 (Address) **Craigmont**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19 Place of Burial, Cremation, or Removal **I O O F. Cemetery** Date of Burial **Craigmont** **7-3-** 19**31**

20. Undertaker **Craigmont** **Idae**

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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

462-2921038-154

PLACE OF BIRTH

County of Payette
City of Payette
No. 1041 St.

RECEIVED AUG 1 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

193175

Registration District No. 4 State File No. _____
Prim. Registration District No. 1008 Local Registrar's No. 30

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child 7 Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? yes Date of birth July 2 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living ✓
Born alive but now dead 0 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Staten Thoms</u>	FULL MAIDEN NAME <u>Anna Andersson</u>
Residence (Usual place of abode) <u>Payette Ida</u>	Residence (Usual place of abode) <u>Payette Ida</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>W</u> Age at last Birthday <u>39</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>34</u> (Years)
Birthplace <u>Payette Ida</u> (City and State or County)	Birthplace <u>Ida</u> (City and State or County)
Occupation <u>Attorney</u>	Occupation <u>Wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3³⁰ M. on the date above stated.

(Signature) Meris R. L. M. D.
(Physician or midwife)

Address Payette Ida
Filed July 9/31 J.C. Woodward, Reg

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1. *Phragmites australis* (Cav.) Trin. ex Steud.

Contributed by: Anonymous

and neither breathes nor
other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED AUG 1 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75980

State File No.

PLACE OF DEATH

County of *Payette*City of *Payette*

CERTIFICATE OF DEATH

Registration District No. *4*Primary Registration District No. *1008*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Joanne Moss*

(a) Residence. No. St.

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *2-1* 4. COLOR OR RACE *W.* 5. Single. Married. Widowed. or Divorced (write the word.) *single*

5a. If married, widowed, or divorced

HUSBAND of
(or) *WIFE of*6. DATE OF BIRTH (month, day and year) *July 2 - '31*7. AGE Years Months Days *if LESS than 1 day, hrs. or min.*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Payette, Ida.*
(State or country)10. NAME OF FATHER *Staten Moss*11. BIRTHPLACE OF FATHER (city or town) *Payette, Ida.*
(State or Country)12. MAIDEN NAME OF MOTHER *Anna Anderson*13. BIRTHPLACE OF MOTHER (city or town) *Laytonville, Del.*
(State or Country)14. Informant *Staten Moss*
(Address) *Payette, Ida.*15. Filed *July 9, 1931* *J. C. Woodward*
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *July 2* *31*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *July 2*, 19*31*, to *July 2*, 19*31*.
That I last saw him alive on 19.....and that death occurred, on the date stated above, at *3:24* p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:*Strenuous birth*

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Miss R. L. H.* M. D.*July 7*, 19*31*. (Address) *Payette, Ida.*19. Place of Burial, Cremation, or Removal *Payette, Ida.* Date of Burial *July 2, 1931*20. Undertaker *Glenn C. Pander* *Payette, Ida.*

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone
City of Keeney
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **193195**

Registration District No. 123 State File No. _____

Prim. Registration District No. 2201 Local Registrar's No. 98

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 7-24, 1931
5. Number, in order of birth _____ Full term X (MONTH, DAY, YEAR)

9. Full name FATHER Glyde Work
10. Residence (usual place of abode) Keeney
(If non-resident, give place and State) _____
11. Color or race Am 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Idaho
(State or country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead Miner
16. Date (month and year) last engaged in this work Present 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Clara Pizet
19. Residence (usual place of abode) Keeney
(If non-resident, give place and state) _____
20. Color or race Am 21. Age at last birthday 36 (years)
22. Birthplace (city or place) Maryland
(State or country) _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation _____ { months _____ or weeks _____ 29. Cause of stillbirth Premature placenta Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 7:00 P on the date above stated.

(BORN ALIVE Yes)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

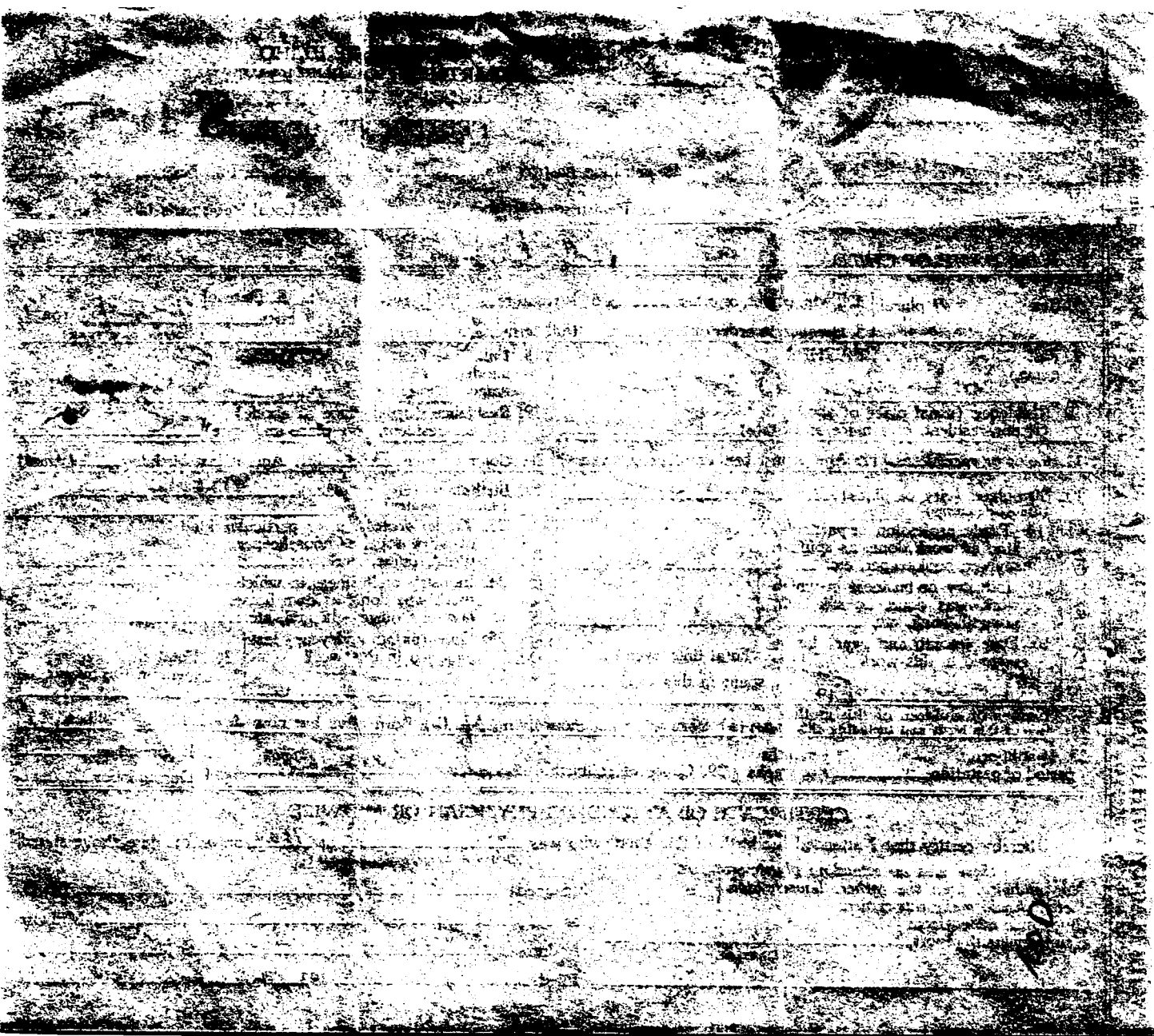
Registrar.

(Signed) W. C. Lindsey, M. D.

or _____, Midwife

Address Keeney, Idaho

Filed July 30, 1931, Mrs. Helen M. Brade Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Twin Falls
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 1931

CERTIFICATE OF BIRTH

S 193238

T. F. Cadgen Hosp. Registration District No. 37 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2235 Local Registrar's No. 280

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	<u>Twin</u> <u>Triplet</u> <u>or other?</u>	{ and }	Number in order of birth <u>2nd</u>	Legitimate? <u>yes</u>	Date of birth <u>July 28</u> 19 <u>31</u>
					(Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 2 (a) Born alive and now living. 0

Born alive but now dead 0 Stillborn 2

FATHER	MOTHER
FULL NAME <u>Harley Vincent Crappen</u>	FULL MAIDEN NAME <u>Helen Mae Scherupp</u>
Residence (Usual place of abode) <u>Buhl, Idaho</u>	Residence (Usual place of abode) <u>Buhl, Idaho</u>
If non-resident, give place and State <u>612 Elm St</u>	If non-resident, give place and State _____
Color or race <u>W</u> Age at last Birthday <u>26</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>21</u> (Years)
Birthplace <u>Melvin, Iowa</u> (City and State or County)	Birthplace <u>Wray, Colorado</u> (City and State or County)
Occupation <u>Electrician</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

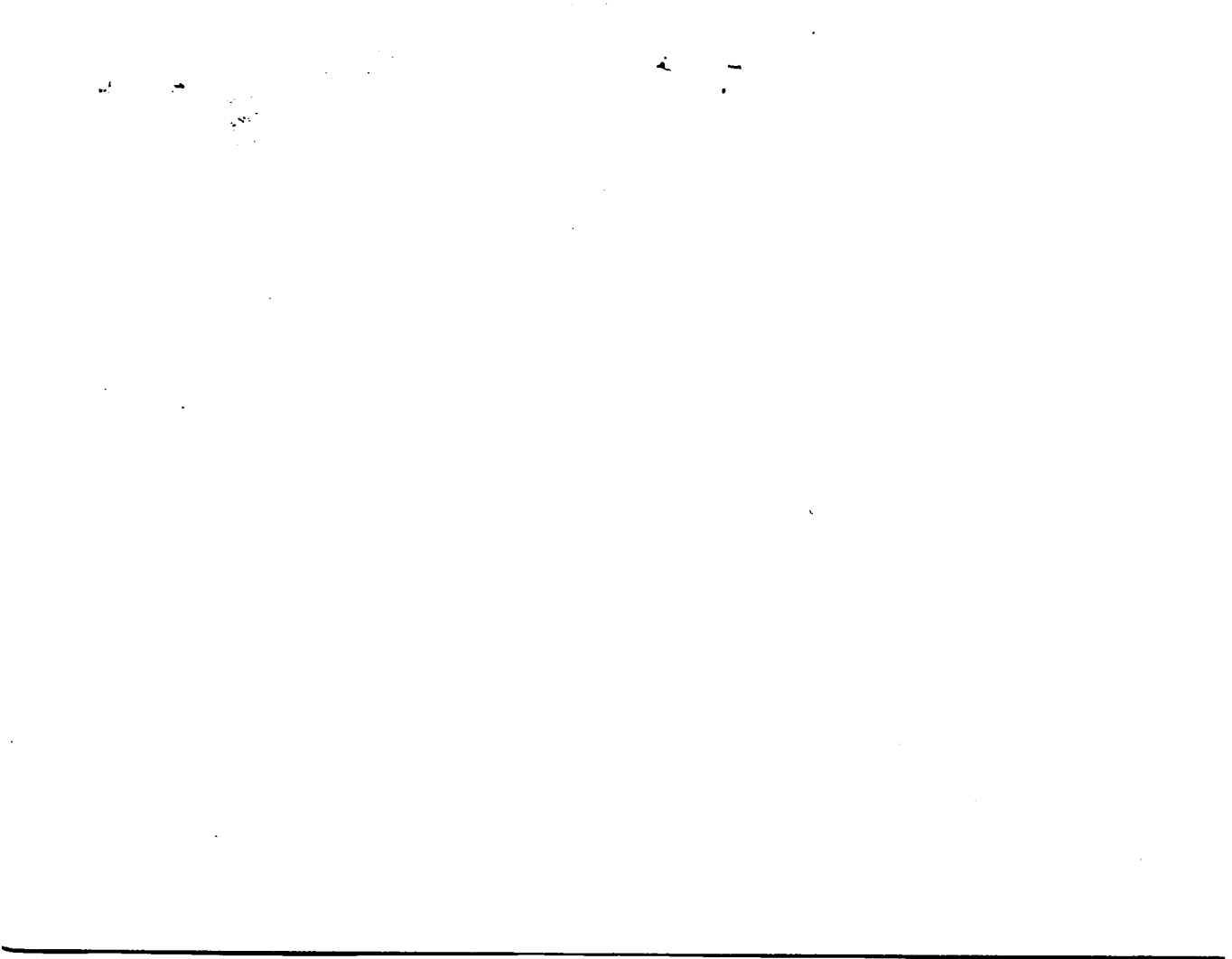
I hereby certify that I attended the birth of this child, who was Stillborn ^{born alive} at 4:50 M. on the date above stated.

(Signature) Phyllis A. Scherupp
(Physician or midwife)

Address Twin Falls, Idaho

Filed July 30, 1931. Elizabeth J. Smith
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO

RECEIVED AUG 11 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76012

State File No.

PLACE OF DEATH

County of Blaine Falls
City of Blaine Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085 Local Registrar's No. 1305(No. Blaine Falls Co. Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. Blaine St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word.)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

Less than 1 day, hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

H. V. Cruppen11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Idaho

12. MAIDEN NAME OF MOTHER

Helen Scherupp13. BIRTHPLACE OF MOTHER (city or town)
(State or County)Colo

14.

Informant
(Address)H. V. Cruppen
Blaine Falls

15.

Filed August 3rd, 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July

(Month)

28

(Day)

1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

At birth, July 281931that I last saw him alive on Stillbornand that death occurred, on the date stated above, at Blaine Falls*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Uremic PoisoningCONTRIBUTORY maternal (abnormalities)
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date of —Was there an autopsy? NoWhat test confirmed diagnosis? Clinical (maternal)

(Signed)

Dr. C. A. Ewert

M. D.

July 28, 1931 (Address) Blaine Falls, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Blaine FallsJuly 30, 1931

20. Undertaker

Address

J. E. DrakeBlaine Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary),** may be entered as **Housewife, Housework, or At Home,** and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Twin Falls

No. _____ St. _____

T. F. Co & Gen
(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child male { Twin Triplet or other? _____ } and { Number in order of birth 1st } Legitimate? yes Date of birth July 28 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living. 0

Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME Harley Vincent Crippen

Residence (Usual place of abode) Buhl, Idaho

If non-resident, give place and State 612 Elm St

Color or race W Age at last Birthday 26 (Years)

Birthplace Melvin, Iowa (City and State or County)

Occupation Electrician

MOTHER
FULL MAIDEN NAME Helen Mae Scherupp

Residence (Usual place of abode) Buhl, Idaho

If non-resident, give place and State _____

Color or race W Age at last Birthday 21 (Years)

Birthplace Wray, Colorado (City and State or County)

Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 4:30 P. M.
on the date above stated.

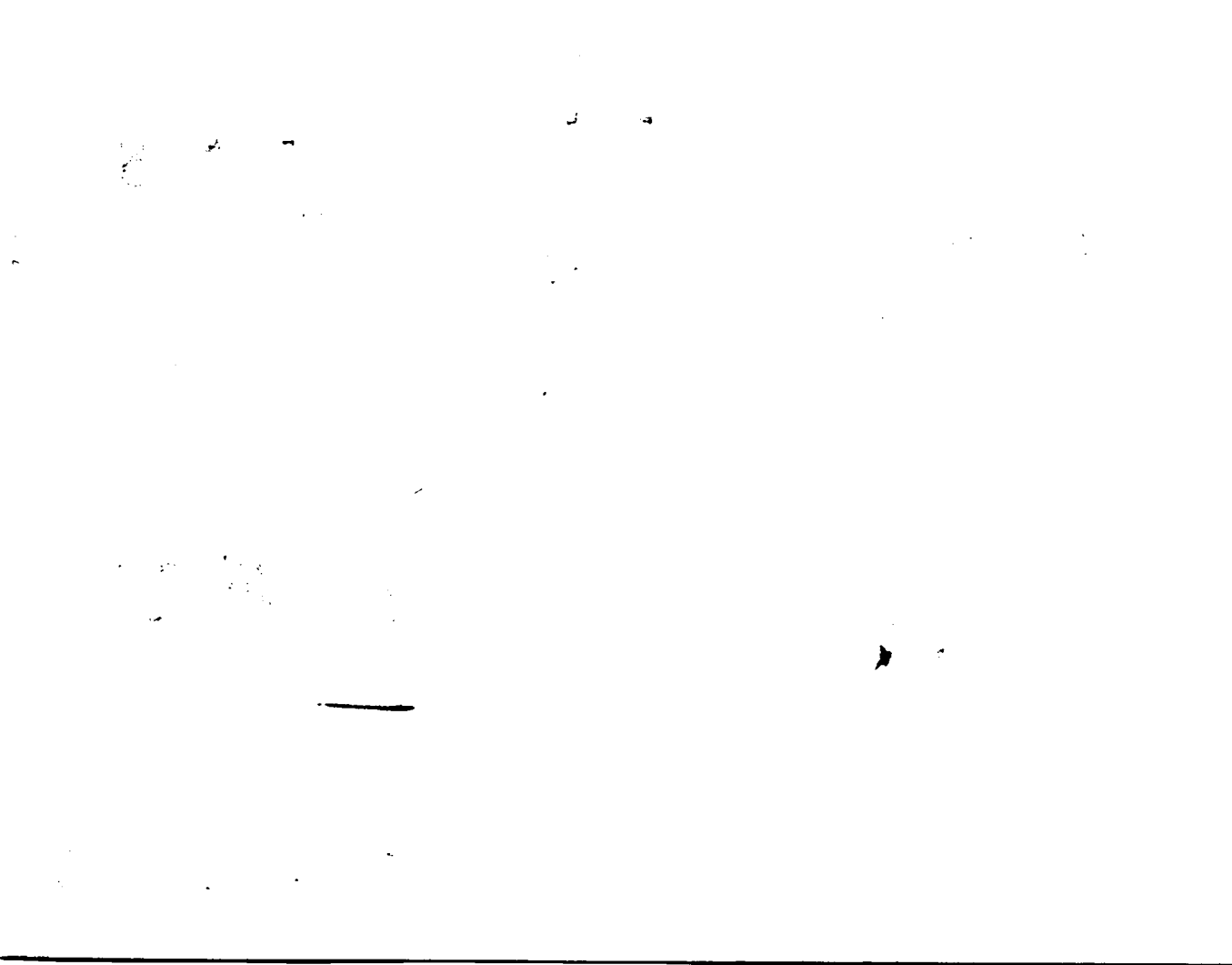
(Signature) Elmer

(Physician or midwife)

Address Twin Falls, Idaho

Filed July 30 1931 Elizabeth J. Smith
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



See Certificate No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

- CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No.

76011

PLACE OF DEATH

County of Twin FallsRegistration District No. 37City of Twin FallsPrimary Registration District No. 2085(No. Twin Falls Co. Gen. Hospital)

Local Registrar's No.

131

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Crippen

(a) Residence. No.

Buhl

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
male4. COLOR OR RACE
white5. Single, Married, Widowed,
or Divorced (write the word.)
single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.Stillbirth

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Idaho

10. NAME OF FATHER

H.V. Crippen11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Iowa12. MAIDEN NAME OF MOTHER Helen Scherupp13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Colo.14. Informant H.V. Crippen

(Address)

Buhl, Idaho.15. Filed August 3, 31Elizabeth J. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 28, 1931

(Month)

(Day)

19____
(Year)17. I HEREBY CERTIFY, That I attended deceased from
at birth July 28, 1931

19____

to

19____

~~xxxxxx~~ stillborn---

19____

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Uremic poisoning

fer hours

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

maternal (albuminous

(Secondary)

several da

(duration)

yrs.

mos.

ds.

18. Where was disease contracted
if not at place of death?no

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____ noWhat test confirmed diagnosis? Clinical (maternal)

(Signed)

Dr. C.A. Enes

M. D.

July 28,

31

Twin Falls

(Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin FallsJuly 30, 1931

20. Undertaker

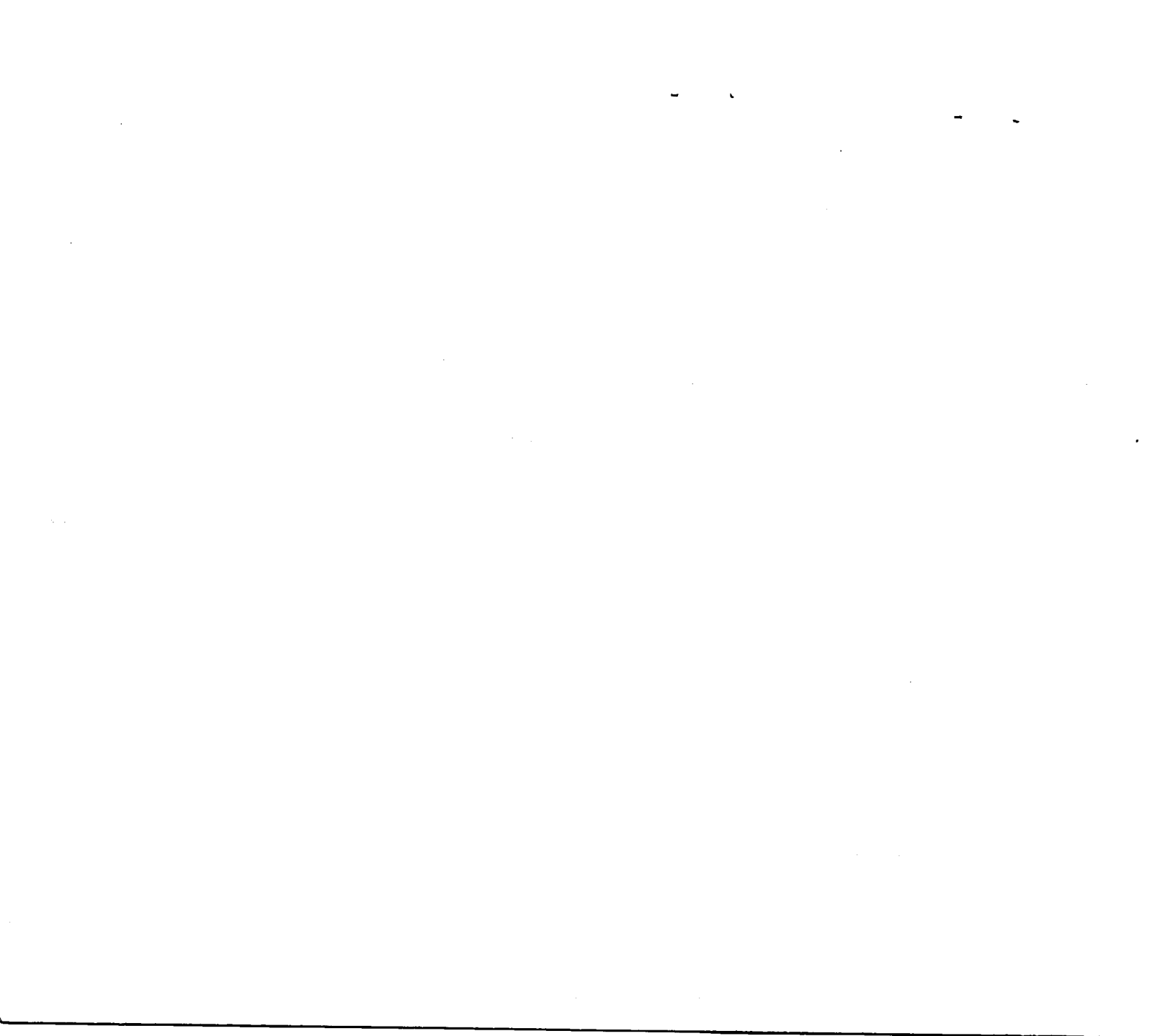
Address

F.E. Drake,Twin Falls

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

Exact statement of OCCUPATION is very important.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon
City of Caldwell
No. 3013 Arthur St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 10 1931

CERTIFICATE OF BIRTH 193325

(If born in hospital or institution
give name.)

Registration District No. 3 State File No. S
Prim. Registration District No. 1005 Local Registrar's No. 134

FULL NAME OF CHILD no (Stillborn)
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u> }</u>	and <u> }</u>	Number in order of birth <u>2 1/2</u>	Legiti- mate? <u>yes</u>	Date of birth <u>July 17</u> 19 <u>31</u> (Month) (Day) (Year)
-----------------------	--	---------------	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 13 (a) Born alive and now living 9

Born alive but now dead 3 Stillborn 1

FATHER FULL NAME <u>Lester Hill</u>	MOTHER FULL MAIDEN NAME <u>Maggie (March)</u>
--	--

Residence (Usual place of abode) Caldwell

If non-resident, give place and State _____

Color or race W. Age at last Birthday 46 (Years)

Birthplace Parsons, Kan. (City and State or County)

Occupation Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. M.
on the date above stated.

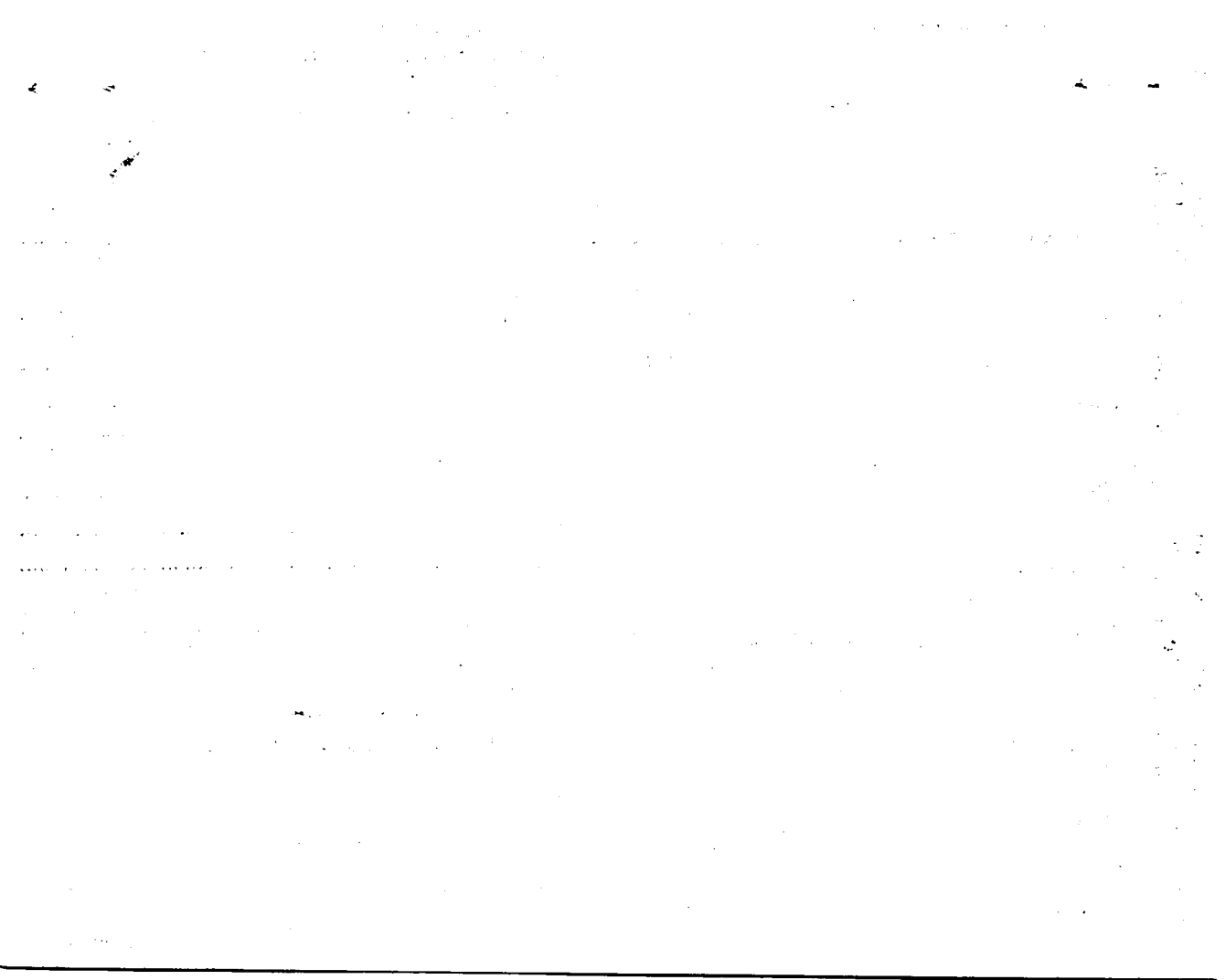
(Signature) David E. Baird

(Physician or midwife)

Address Caldwell, Ida.

Filed 7-20-1931 John H. Meyer
Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 81
 Township _____ or Village 1005 75834 or
 City Caldwell No. _____ St., _____ Ward
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Hill
 (a) Residence: No. 12015 Arthur Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 17, 1931
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell (State or country) Idaho

13. NAME Sylvester Hill
 14. BIRTHPLACE (city or town) Portland (State or country) Kansas

15. MAIDEN NAME Maggie March
 16. BIRTHPLACE (city or town) Kansas (State or country) _____

17. INFORMANT Sylvester Hill (Address) 2015 Arthur Caldwell

18. BURIAL, CREMATION, OR REMOVAL Place Caldwell Idaho Date 7-18-1931

19. UNDERTAKER C. J. Beckham (Address) Caldwell Idaho

20. FILED 7-22-1931 John L. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 17, 1931

22. I HEREBY CERTIFY That I attended deceased from July 17, 1931 to July 17, 1931
 I last saw deceased alive on July 17, 1931 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Born
Cause Indefinite

Other contributory causes of importance:
Death occurred several days previous to birth

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) David E. Baird M. D.
 (Address) Caldwell Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1928</i>

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED AUG 12 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

County of Cassia
City of Challis
No. _____ St. _____

CERTIFICATE OF BIRTH 193343

(If born in hospital or institution
give name.)

Registration District No. 108 State File No. _____

Prim. Registration District No. 2186 Local Registrar's No. 223

FULL NAME OF CHILD

Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	{ and { Number in order of birth	Legiti- mate?	Date of birth	July 9	1931
	(To be answered only in event of plural births)			(Month)	(Day)	(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 3 (a) Born alive and now living. no

Born alive but now dead. 0 Stillborn 1

FATHER FULL NAME <u>Ray Hamilton</u>	MOTHER FULL MAIDEN NAME <u>Ina Cris Child</u>
---	--

Residence (Usual place of abode) _____

If non-resident, give place and State _____

Color or race white Age at last Birthday 24 (Years)

Birthplace Lemhi (City and State or County)

Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. M.
on the date above stated.

(Signature) D. L. Harkley M.D.

(Physician or midwife)

Address Challis, Ida

Filed July 7 1931 Edna M. Kearney
Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

no DC

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome
City of Jerome

No. _____ St. _____

St. Valentine Hospital

(If born in hospital or institution give name.)

Registration District No. 18 State File No. 193388

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Stillborn

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 11, 1931</u> (MONTH, DAY, YEAR)
5. Number, in order of birth _____					
9. Full name <u>Art L. Parry</u>	FATHER		18. Full maiden name <u>Marie Bruner</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) _____			19. Residence (usual place of abode) (If non-resident, give place and state) _____		
11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (years)		20. Color or race <u>W</u>		
13. Birthplace (city or place) (State or country) <u>Utah</u>			21. Age at last birthday <u>23</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>			22. Birthplace (city or place) (State or country) <u>Ill</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
16. Date (month and year) last engaged in this work _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House wife</u>		
17. Total time (years) spent in this work _____			25. Date (month and year) last engaged in this work _____		
19. _____			26. Total time (years) spent in this work _____		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth Asphyxia { Before labor _____ During labor yes }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 9-10 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) Chas F Zeller _____ M. D.

or _____ Midwife

Address Jerome Idaho

Filed 7/13, 1931 Chas F Zeller Registrar.

Registrar.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76936**

PLACE OF DEATH
County of Jerome
City of Mendota

Registration District No. 18
Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Perry

(a) Residence. No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

July 11 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

XXX

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Mendota Idaho

10. NAME OF FATHER

Art Perry

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

Utah

12. MAIDEN NAME OF MOTHER

Marie Brunner

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

Idaho

14. Informant

(Address)

Art Perry
Jerome

15. Filed

7/11, 1931Art Zeller
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 11, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from

July 11, 1931, to July 11, 1931
that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows

Still Born Infant
unable to state
cause of condition

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Chas. B. Zeller, M. D.7/12, 1931 (Address) Jerome

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Jerome CemeteryJuly 12, 1931

20. Undertaker

Address

J. A. C. HarrisonJerome

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Big Bee
City of Houston
No. 1009

(If born in hospital or institution
give name.)

Registration District No. 96 State File No. _____

Prim. Registration District No. 1009 Local Registrar's No. _____

FULL NAME OF CHILD Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other?	{ and } Number in order of birth	Legiti- mate?	Date of birth <u>July 24</u> 19 <u>31</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth 1st (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME Charles Williams

Residence (Usual place of abode) City

If non-resident, give place and State

Color or race white Age at last Birthday 30 (Years)

Birthplace Washington
(City and State of County)

Occupation Farmer

MOTHER
FULL MAIDEN NAME Myrtle Evans

Residence (Usual place of abode) Same

If non-resident, give place and State

Color or race white Age at last Birthday 19 (Years)

Birthplace Agona, Ill.
(City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:25 P. M.
on the date above stated.

(Signature) O. C. Carshaw

(Physician or midwife)

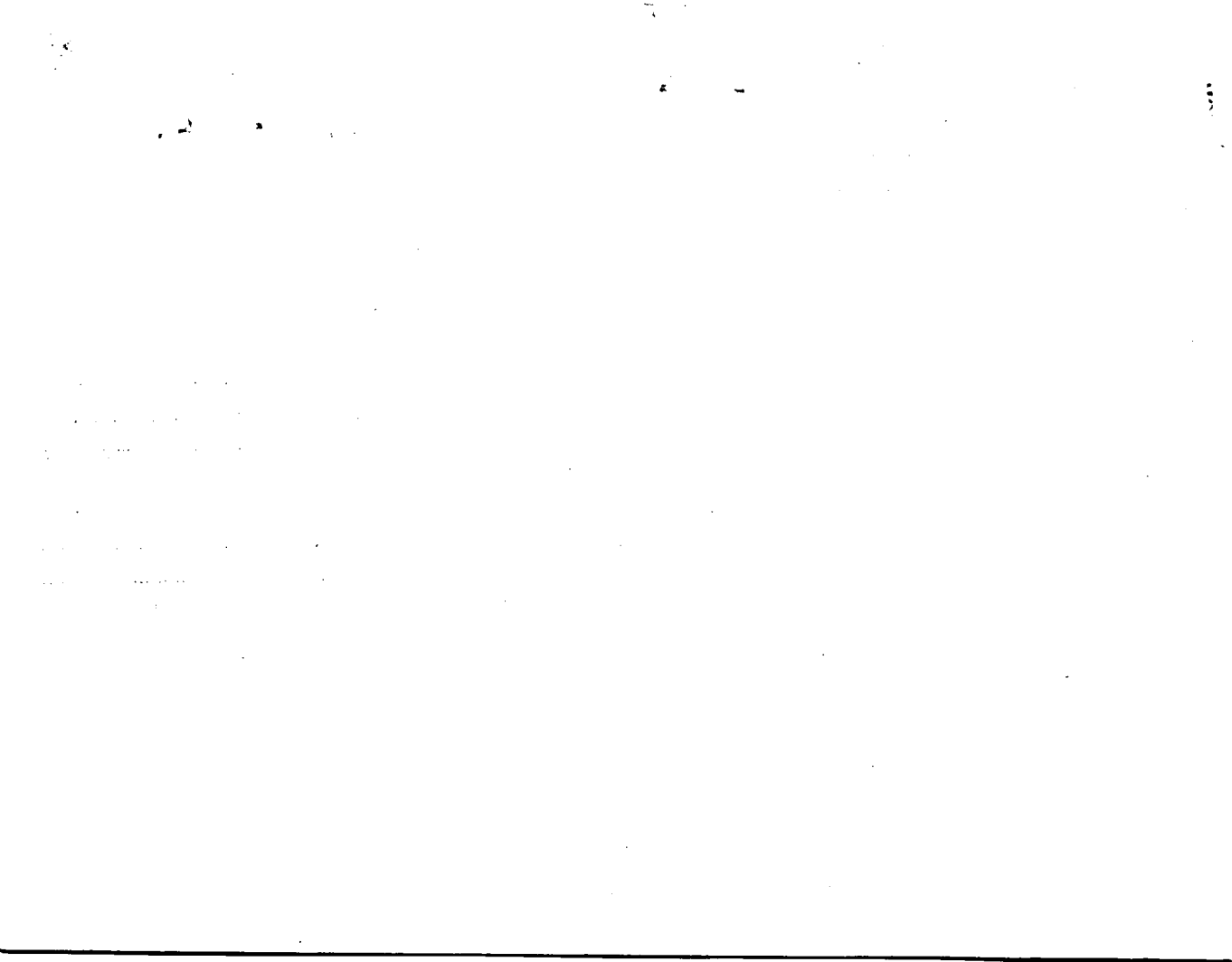
Address Lewiston, Ida.

Filed 8-3-1931 By Dr. H. L. H.

Registrar

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

RECEIVED
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
193462



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. _____

75952

PLACE OF DEATH

County of Nez Perce.

City of Lewiston.

CERTIFICATE OF DEATH

Registration District No. 96

Primary Registration District No. 1009

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 206

2. FULL NAME Baby Williams.

(a) Residence No. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds.

St. Lapwai, Idaho.

(If nonresident give city or town and State.)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White.

5. Single, Married, Widowed,
or Divorced (write the word.)

Single.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7/24/31.

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

At home.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)

Lewiston,
Idaho.

10. NAME OF FATHER

Charles Williams.

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

Kamiah,
Idaho.

12. MAIDEN NAME OF MOTHER

Myrtle Evans.

13. BIRTHPLACE OF MOTHER (city or town)
(State or County)

Julietta,
Idaho.

14.

Informant
(Address)

Chas Williams
Lapwai, Idaho.

15.

Filled

7/28/31

J. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 24th, 1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 24th, 1931, to July 26th, 1931
that I last saw him alive on July 26th, 1931

and that death occurred, on the date stated above, at 6:30 p.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still born

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed)

7/26/31., 19____ (Address) Lewiston, Idaho.

19. Place of Burial, Cremation, or Removal

Date of Burial

Lewiston, Idaho.

7/26/31. 19

20. Undertaker

Address

Brower-Wann Company.

Lewiston, Idaho.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Pennock
City of Locustville
No. 857 No Arthur St.

General
(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 28 State File No. 386
Prim. Registration District No. 216 Local Registrar's No. 386
(Stillborn) Baby Sparks
(If stillborn, substitute the word "Stillbirth" for name of child)

RECEIVED SEP 9 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S193603**

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>8 15 1931</u> (Month) (Day) (Year)
--------------------------	---	-----	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? Asperol 20%

Number of child of this mother, including present birth 3rd (a) Born alive and now living 2

Born alive but now dead Stillborn Yes

FATHER	MOTHER
FULL NAME <u>Marvin Sparks</u>	FULL MAIDEN NAME <u>?</u>

Residence (Usual place of abode) 857 No Arthur

If non-resident, give place and State

Color or race white Age at last Birthday 34 (Years)

Birthplace (City and State or County)

Occupation Fireman Oil I.R.P. Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 305 a. M.
on the date above stated.

(Signature) Dr C. P. Groom

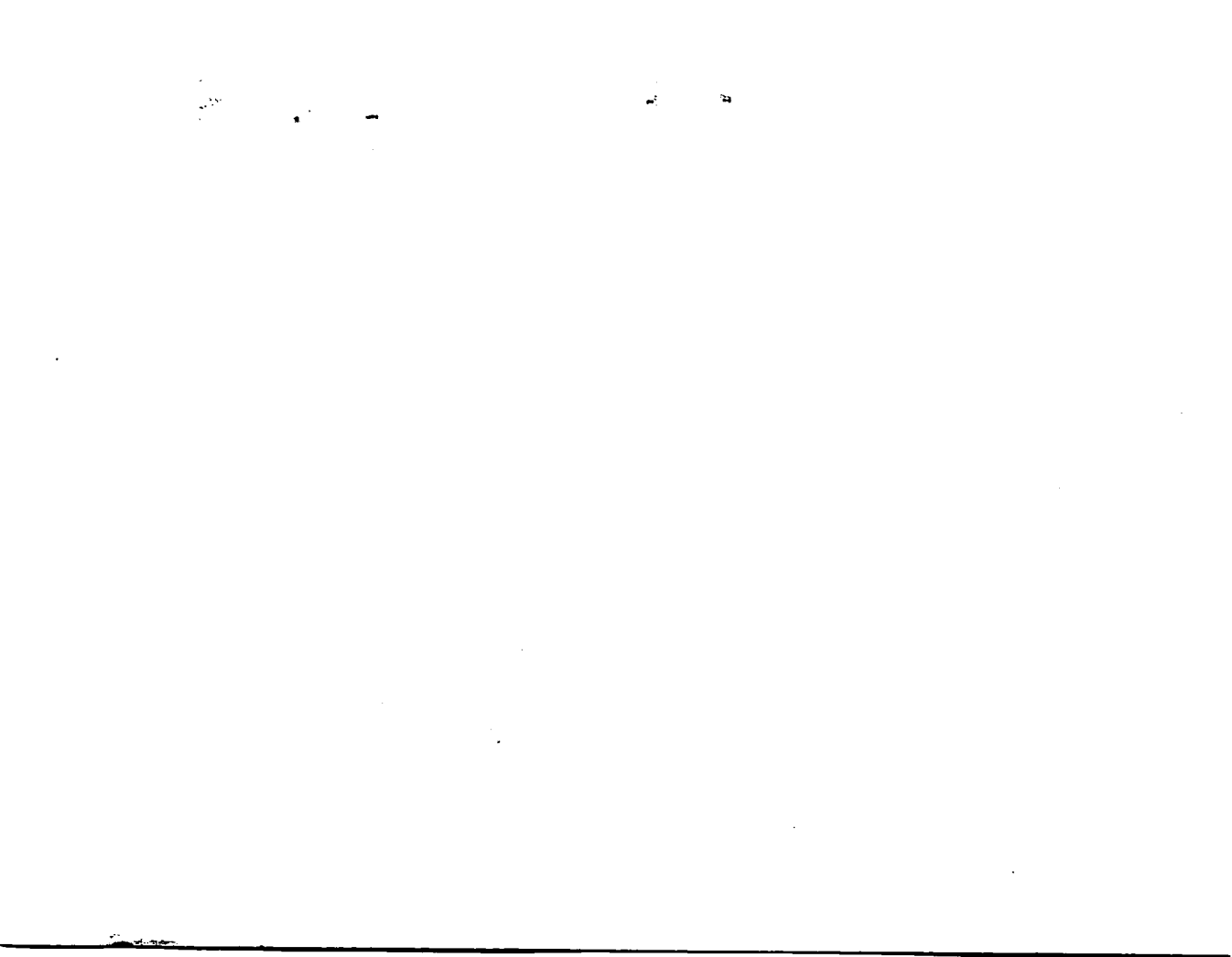
(Physician or midwife)

Address Peaslee, Glad Ray

Filed 9-1 1931

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		CERTIFICATE OF DEATH State File No. <u>76110</u>	
Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> (No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>135</u>	
2. FULL NAME <u>John H. Sparks</u> (<u>Sticeborn</u>)			
(a) Residence. No. <u>Pocatello, Idaho.</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 15, 1931</u>			
7. AGE <u>Still-Born</u>	Years	Months	Days
If LESS than 1 day, _____ hrs. or min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>None</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Infant</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>			
13. NAME <u>Marvin Sparks</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Dingle, Idaho.</u>			
15. MAIDEN NAME <u>Hazel Dimmick</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Montpelier, Idaho.</u>			
17. INFORMANT <u>Marvin Sparks</u> (Address) <u>Pocatello, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Dingle, Idaho.</u> Date <u>Aug. 16, 1931</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>			
20. FILED <u>Aug. 15, 1931</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Aug. 15, 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____ <u>8/15/31</u> to <u>8/15/31</u> , 1931. I last saw him live on <u>8/15/31</u> , 1931. death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows: <u>Stillborn</u> <u>Due to wound</u> <u>During amputation</u> <u>at Labor. table</u> Other contributory causes of importance _____			
Name of operation _____		Date of _____	
What test confirmed diagnosis? _____		Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. Chag</u> , M. D. (Address) <u>Pocatello, Idaho.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

219-121-084-851

1. PLACE OF BIRTH

County of Blaine Lake
City of Montpelier
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 53 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 576

2. FULL NAME OF CHILD

Christopher Heaton Barker

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Aug 21, 1931 (MONTH, DAY, YEAR)

9. Full name of FATHER Henry J Barker
10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier

11. Color or race W 12. Age at last birthday 43 (years)

13. Birthplace (city or place) (State or country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Christina Heaton
19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier

20. Color or race W 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or country) Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:10 P m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF) _____

Registrar.

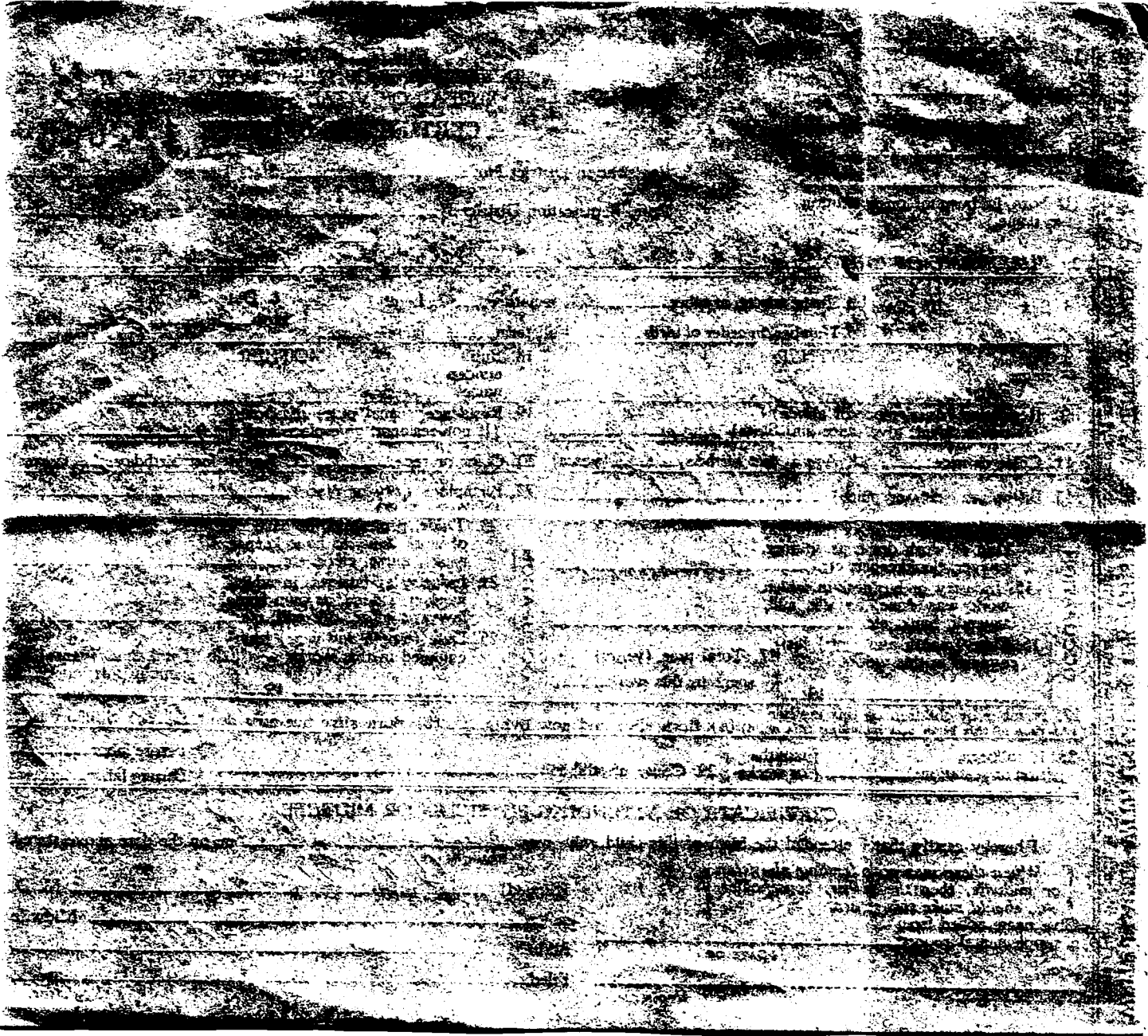
(Signed) O O Moore, M. D.

or _____, Midwife

Address Paris Idaho

Filed Aug 31, 1931 Dr. O. O. Moore

Red. Mrs. Arthur Hesse Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77132**

PLACE OF DEATH

County of Bear Lake
City of Montpelier

Registration District No. 5
Primary Registration District No. 2136

Local Registrar's No. 6

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Christopher Heaton Barker

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. _____

_____ yrs.

_____ mos.

_____ ds.

How long in U. S., if of foreign birth? _____

_____ yrs.

_____ mos.

_____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed, or Divorced (Write the word) Stillborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Aug 21 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Due Born

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Montpelier Idaho
(State or country)

10. NAME OF FATHER H. J. Barker

11. BIRTHPLACE OF FATHER (city or town) Newton Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Christina Heaton

13. BIRTHPLACE OF MOTHER (city or town) Valley Junction Idaho
(State or Country)

14. Informant H. J. Barker

(Address) Montpelier Idaho

15. Filed Aug 31, 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Aug 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____

_____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Unknown

Still Birth -

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. O. Moore

M. D.

Aug 22, 1931 (Address) Paris Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Newton Utah

Aug 23 1931

20. Undertaker W. H. Williams

Address

Montpelier Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

445-209-009-489 RECEIVED SEP 8 1931

1. PLACE OF BIRTH
County of Bonne
City of Kootenai
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S**193760

Registration District No. 76 State File No. _____
Prim. Registration District No. 2155 Local Registrar's No. 96

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stiel Born Danner

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 9</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
9. Full name <u>Frederick John Danner</u>	FATHER		18. Full maiden name <u>Grace Martin</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kootenai</u>	11. Color or race <u>W</u>		12. Age at last birthday <u>42</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Kootenai</u>
13. Birthplace (city or place) (State or country) <u>Cornland, Germany</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer (Steam)</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw mill</u>		20. Color or race <u>W</u>
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work <u>20 1/2</u>		21. Age at last birthday <u>40</u> (years)		22. Birthplace (city or place) (State or country) <u>Hecksville, Ohio</u>
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		25. Date (month and year) last engaged in this work _____, 19____	
26. Total time (years) spent in this work <u>15</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>1</u>			
28. If stillborn, <u>Stillborn</u> { months _____ or weeks _____		29. Cause of stillbirth <u>Unstable cord strangulation</u> Before labor <u>40</u> During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stiel Born at 6:15 p m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF) _____

(Signed) J. P. Cross, M. D.
or _____, Midwife
Address Boise, Idaho
Filed Sept 3, 1931 Viola Allen Deputy Registrar.

19125

19125

19125

19125

19125

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19125

19125

19125

19125

19125

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED JUL 6 1931

47

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Banner State IDAHO Registered No. 78
 Township _____ or Village _____ or
 City Footenai No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Stillborn Dunn
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 9, 1931

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Footenai
 (State or country) Idaho

13. NAME F. J. Dunn

14. BIRTHPLACE (city or town) Carroll
 (State or country) Ill.

15. MAIDEN NAME Grace Martin

16. BIRTHPLACE (city or town) Hicksville
 (State or country) Ohio

17. INFORMANT F. J. Dunn
 (Address) Footenai, Idaho

18. BURIAL, CREMATION, OR REMOVAL
 Place Sandpoint, Idaho Date June 10, 1931

19. UNDERTAKER F. J. Dunn
 (Address) Sandpoint, Idaho

20. FILED June 10, 1931
Ugala Allen
Idaho Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9, 1931

22. I HEREBY CERTIFY That I attended deceased from

June 9, 1931, to June 9, 1931

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn
full term

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shelley
City of Shelley
No. 396-225-010-819 St. Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 193777

Registration District No. 73 State File No. 34

Prim. Registration District No. 34 Local Registrar's No. 34

FULL NAME OF CHILD

Stellburn Crooks

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>7-25-1931</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FULL NAME <u>Niles C. Crooks</u>	FULL MAIDEN NAME <u>Anna Maurine Turley</u>
FATHER	MOTHER

Residence (Usual place of abode) Shelley, Idaho

If non-resident, give place and date Shelley, Idaho

Color or race White Age at last Birthday 26 (Years)

Birthplace American Fork, Utah Birthplace Shelley, Idaho (City and State or County)

Occupation Merchant Occupation Laundry wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Shelley M. on the date above stated.

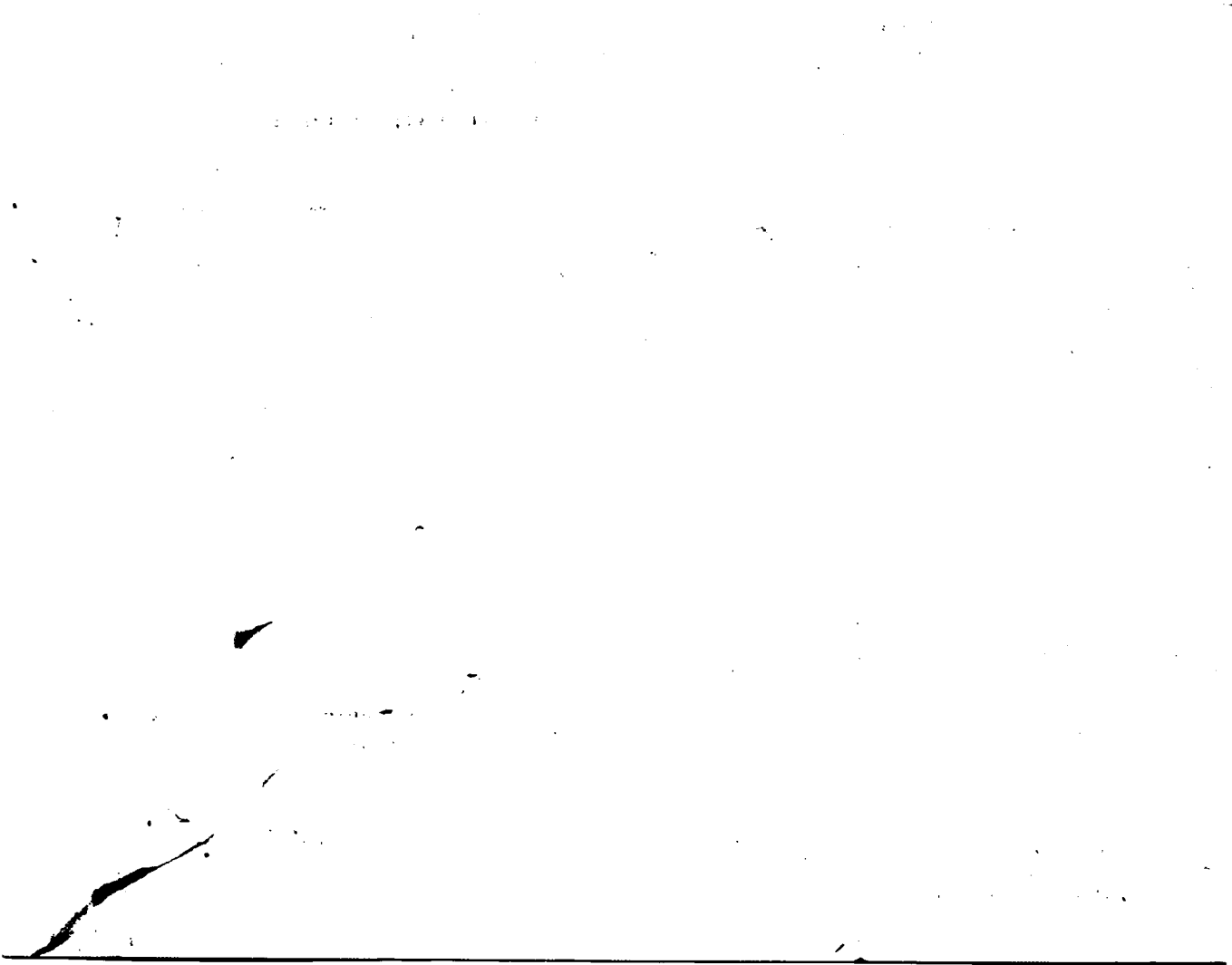
(Signature) H. R. Hatch

(Physician or midwife)

Address Idaho Falls, Idaho

Filed 73 1931 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

314-323-010-553
PLACE OF BIRTH

County of.....
City of.....
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

193840

Registration District No. 73 State File No. 193840
Prim. Registration District No. 21-2 Local Registrar's No. 367
(If born in hospital or institution give name.)
FULL NAME OF CHILD Irma Jean Laughie
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>X</u> { and } Number in order of birth	Legitimate? <u>yes</u>	Date of birth <u>Aug 23 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 12 (a) Born alive and now living 2
Born alive but now dead 4 Stillborn yes 2

FATHER FULL NAME <u>Harry Laughie</u> Residence (Usual place of abode) <u>Idaho Falls</u>	MOTHER FULL MAIDEN NAME <u>Rachel Fry Nelson</u> Residence (Usual place of abode) <u>Idaho Falls</u>
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It non-resident, give place and state. Color or race <u>White</u> Age at last Birthday <u>46</u> Birthplace <u>Denver Colo</u> (City and State or County) Occupation <u>Laborer</u>	If non-resident, give place and state. Color or race <u>white</u> Age at last Birthday <u>34</u> Birthplace <u>Idaho Falls, Idaho</u> (City and State or County) Occupation
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 7 19 M.
on the date above stated. (Signature) W. P. Patton Health Officer

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife) Attending
Address Idaho Falls
Filed 8/24 1931 C. J. Johnson
Registrar.

[illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 12 1931

DO NOT WRITE IN THIS SPACE

State File No. 76165

PLACE OF DEATH

County of Bonerville **CERTIFICATE OF DEATH**City of Idaho Falls Registration District No. 73Primary Registration District No. 215-0Local Registrar's No. 171(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Imma Jeanne Caughie(a) Residence. No. Rd. #5 St.

(Usual place of abode)

Length of residence in city or town where death occurred. ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced (write the word)

Female white. Single.
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) August 23-1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho Falls, Idaho.
(State or country)10. NAME OF FATHER Harry Caughie11. BIRTHPLACE OF FATHER (city or town) Colorado.
(State or Country)12. MAIDEN NAME OF MOTHER Ira Nelson13. BIRTHPLACE OF MOTHER (city or town) Idaho Falls, Ida.
(State or Country)14. Informant Harry Caughie
(Address) Idaho Falls, Idaho15. Filed 9/27, 1931 W. F. M. Han
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Sill Born.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) William H. Smith, M. D.(Address) Idaho Falls, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal

Date of Burial

Idaho Falls, Ida. 8/24, 1931

20. Undertaker

Address

W. F. M. Han, Idaho Falls, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

519-216-014-519
PLACE OF BIRTH
County of Canyon
City of Baldwell
No. 3rd and Freeport St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
SEP 11 1931
CERTIFICATE OF BIRTH
193883

Registration District No. 9 State File No. _____
Prim. Registration District No. 1005 Local Registrar's No. 151
Baby Names
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Triplet or other? { and } Number in order of birth { } Legitimate? No Date of birth Aug 16 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 0
Number of child of this mother, including present birth 1 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn 1

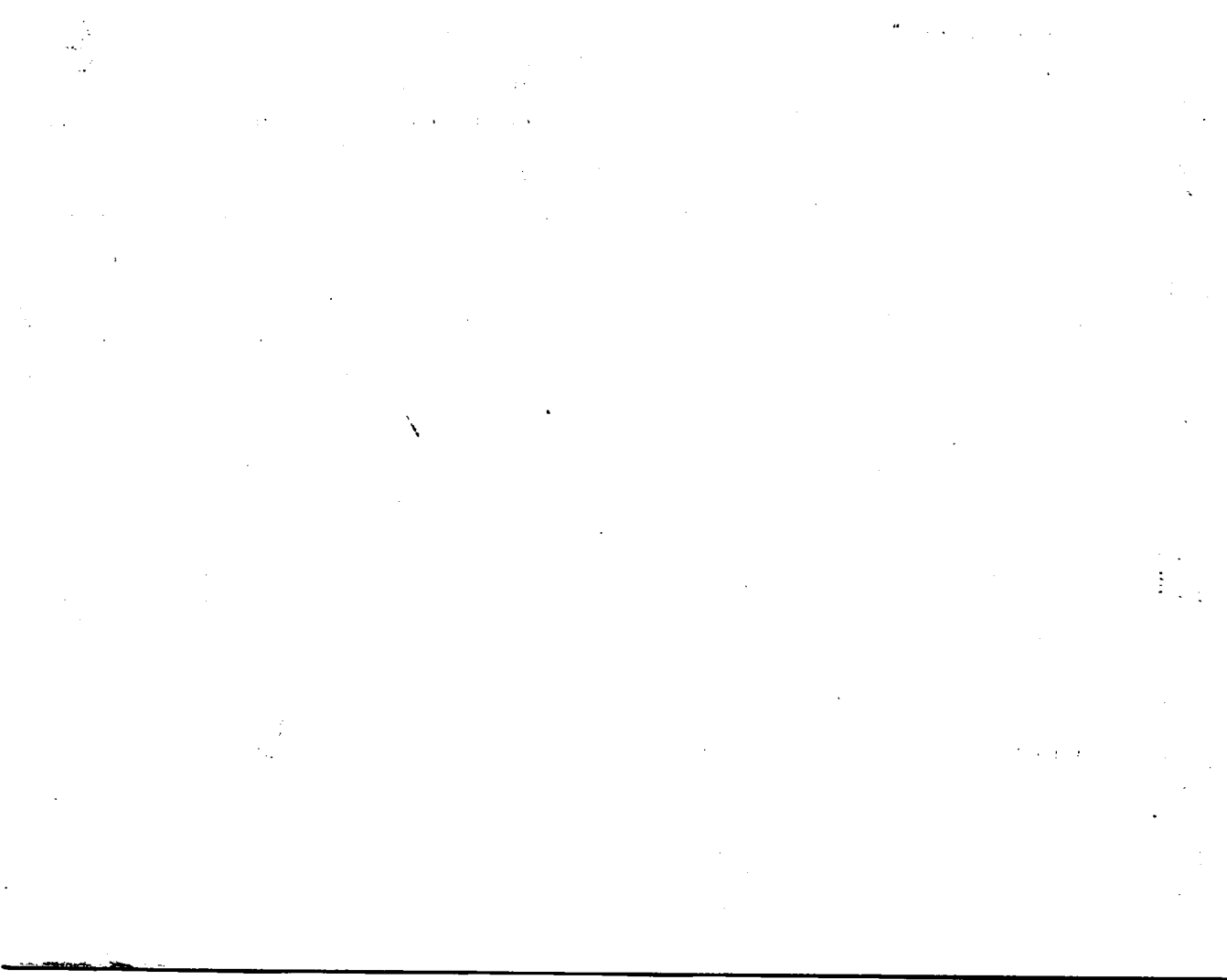
FATHER		MOTHER	
FULL NAME	<u>Refused to tell father's name</u>	FULL MAIDEN NAME	<u>Willa Tapamer Names</u>
Residence (Usual place of abode)	<u></u>	Residence (Usual place of abode)	<u>Baldwell, Idaho</u>
If non-resident, give place and State	<u></u>	If non-resident, give place and State	<u></u>
Color or race	<u></u>	Color or race	<u>White</u>
Age at last Birthday (Years)	<u></u>	Age at last Birthday (Years)	<u>13</u>
Birthplace (City and State or County)	<u></u>	Birthplace	<u>Baldwell Idaho</u>
Occupation	<u></u>	Occupation	<u>Grades school</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 5:15 P.M. on the date above stated.
(Signature) C. R. Hottelberger
Osteopath
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Baldwell Idaho
Filed 9-1-1931 John S. Meyer
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia
City of Calhoun

No. 3 St. Calhoun

(If born in hospital or institution
give name.)

Registration District No. 3

State File No. 193904

Prim. Registration District No. 2007 Local Registrar's No. 64

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	{ and { Number in order of birth	Legiti- mately <u>yes</u>	Date of birth <u>July 31</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Argol

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>James K. P. Brown</u>	MOTHER FULL MAIDEN NAME <u>May Banner</u>
--	--

Residence (Usual place of abode) <u>Wilder</u>	Residence (Usual place of abode) <u>Wilder</u>
--	--

Is non-resident, give place and State	If non-resident, give place and State
---------------------------------------	---------------------------------------

Color or race <u>White</u> Age at last Birthday <u>40</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>36</u> (Years)
---	---

Birthplace <u>Texas County Missouri</u> (City and State or County)	Birthplace <u>Clark County Missouri</u> (City and State or County)
---	---

Occupation <u>Farmer</u>	Occupation <u>Housewife</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 5:40 P. M.
on the date above stated.

(Signature) Robert E. Gulford

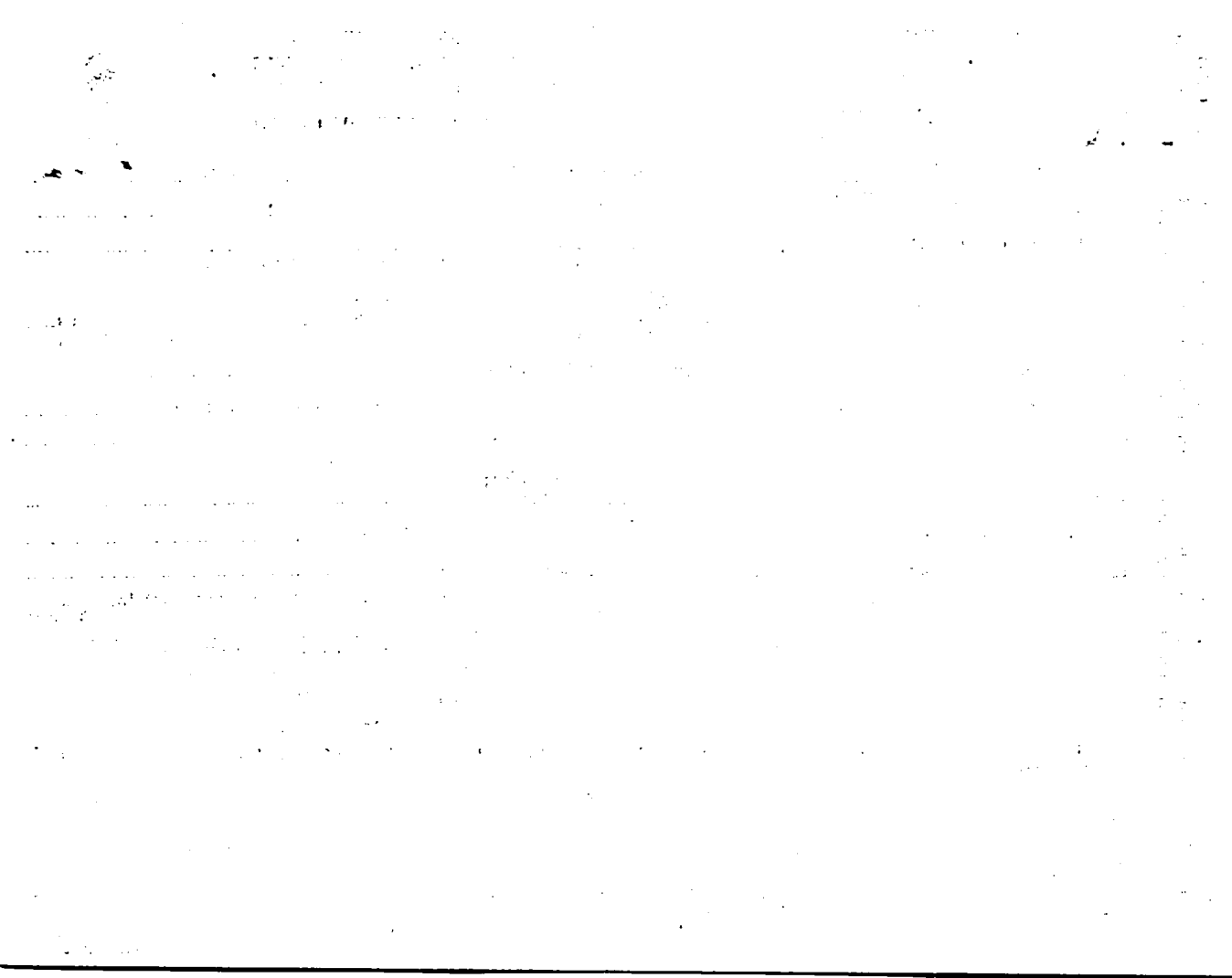
(Physician or midwife)

Address Wilder Rd.

Filed Sept 1 1931 Hubert Waldrop

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED AUG 10 1931
STANDARD CERTIFICATE OF DEATHDEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Canyon State 3 IDAHO Registered No. 87
Township _____ or Village 2001 75835 or _____
City Caldwell No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Brown
(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) July 31 - 31

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Caldwell
(State or country) Idaho

13. NAME James H. Brown

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME May Barney

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT James H. Brown
(Address) Wilder Idaho

18. BURIAL, CREMATION, OR REMOVAL
Place Wilder Date 8-1-31

19. UNDERTAKER C. V. Peckham
(Address) Caldwell Idaho

20. FILED 8-6- 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 31, 1931

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Birth

Date of onset _____

Other contributory causes of importance:

Abnormal position due to transverse presentation off of Cervix

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Robert E. Adams M. D.

(Address) Wilder Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mehanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

256-109-015-231
PLACE OF BIRTH

County of Soda Springs
City of Soda Springs
No. St.

RECEIVED SEP 10 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 193940

(If born in hospital or institution
give name.)

Registration District No. 12 State File No.

Prim. Registration District No. 2159 Local Registrar's No. 74

FULL NAME OF CHILD Infant Beus
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>—</u>	and {	Number in order of birth —	Legiti- mate? <u>yes</u>	Date of birth <u>Aug. 9,</u> 1931 (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>W. Edwin Beus</u>	MOTHER FULL MAIDEN NAME <u>Pauline Staples</u>
--	---

Residence (Usual place of abode) <u>Soda Spgs., Ida</u>	Residence (Usual place of abode) <u>Soda Spgs., Ida</u>
---	---

It non-resident, give place and State	If non-resident, give place and State
---	---

Color or race <u>White</u> Age at last Birthday <u>29</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>21</u> (Years)
---	---

Birthplace <u>Laurel, Ore.</u> (City and State or County)	Birthplace <u>Cornell, Wash.</u> (City and State or County)
--	--

Occupation <u>Farmer</u>	Occupation <u>Housewife</u>
--------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 12:45 P. M.
on the date above stated.

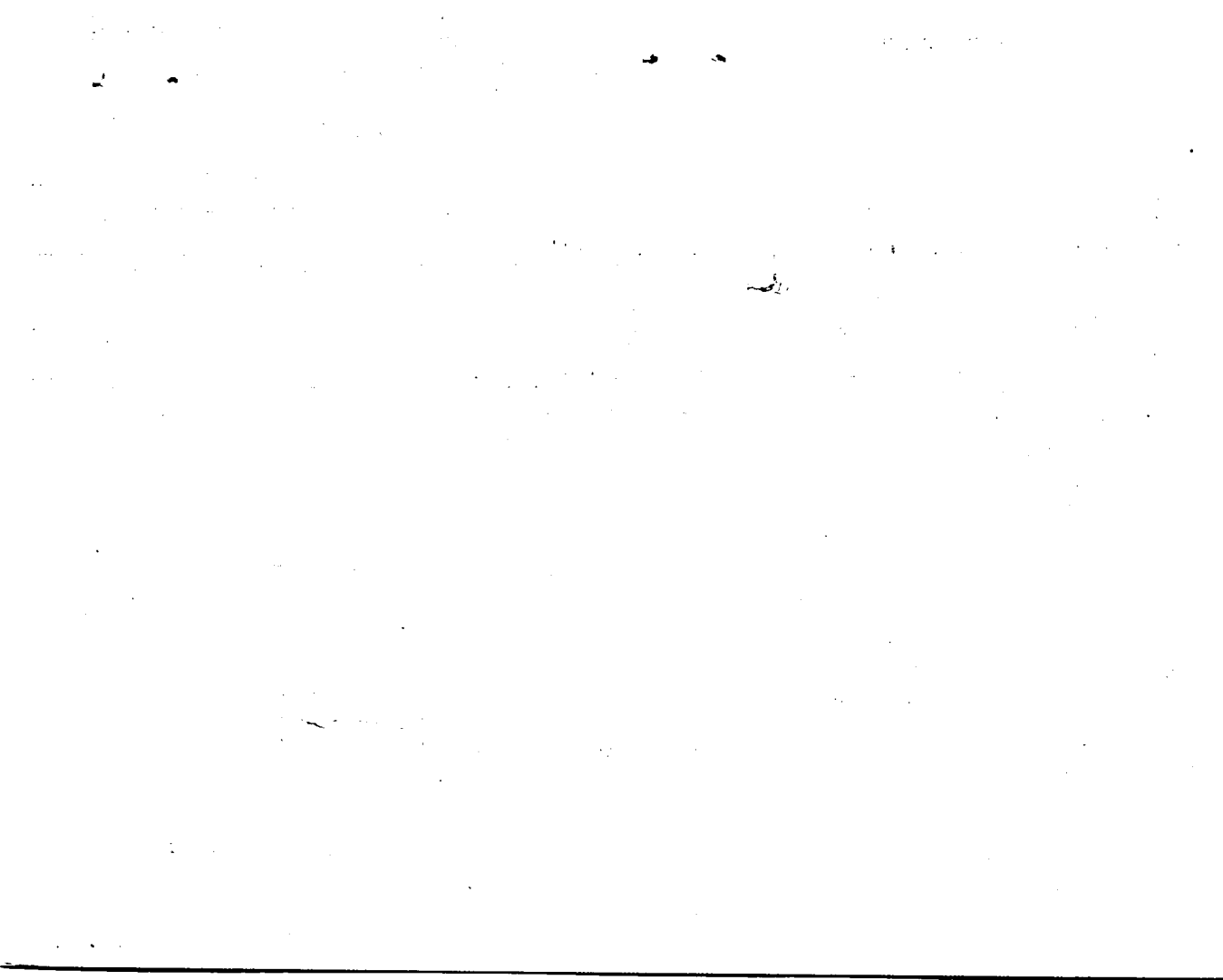
(Signature) Russell Tigh

(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address Soda Springs, Idaho

Filed 8/31, 1931 Dr. Russell Tigh
Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

REC

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Caribou
City of Soda Springs

Registration District No. 82
Primary Registration District No. 2159
(No. _____ St.)

State File No. 76245
Local Registrar's No. 59

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Beus

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-OWED OR DIVORCED Single
(Write the word)

6. DATE OF BIRTH

August 9 1931
(Month) (Day) (Year)

7. AGE

Stillborn

IF LESS than 1 day how many
hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF FATHER

W. Edwin Beus

11. BIRTHPLACE OF FATHER

(State or Country) Soda Springs Idaho

12. MAIDEN NAME OF MOTHER

Pauline Staples

13. BIRTHPLACE OF MOTHER

(State or Country) Soda Springs Ida

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Edwin Beus

(Address) Soda Springs Ida

15.

Filed 8/31 1931 by Russell Ziegler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1931 to Aug. 9 1931, that I last saw him alive on Aug. 9 1931, and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Premature birth
(6 mos.) Cause
unknown

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

Russell Ziegler M. D.

8/9/1931 (Address) Soda Springs Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Near Soda Springs, Ida

DATE OF BURIAL

8/9 - 1931

20. UNDERTAKER

None

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc.,** of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

386-208-018-258

1. PLACE OF BIRTH

County of Clearwater
City of Orlando
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

41
\$31

CERTIFICATE OF BIRTH

193958

Registration District No. 90 State File No. _____

Prim. Registration District No. 2197 Local Registrar's No. 60

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Beverly Mae Thornton

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth 8/8/1931 (MONTH, DAY, YEAR)

9. Full name FATHER Leon Anson Thornton 18. Full maiden name MOTHER Ethel Snyder

10. Residence (usual place of abode) (If non-resident, give place and State) Orlando 19. Residence (usual place of abode) (If non-resident, give place and state) Orlando

11. Color or race W 12. Age at last birthday 32 (years) 20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Nebraska 22. Birthplace (city or place) (State or country) Massachusetts

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 7

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9mo { months or weeks } 29. Cause of stillbirth Don't know Before labor No During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:15 P m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) H. H. Johnston, M. D.

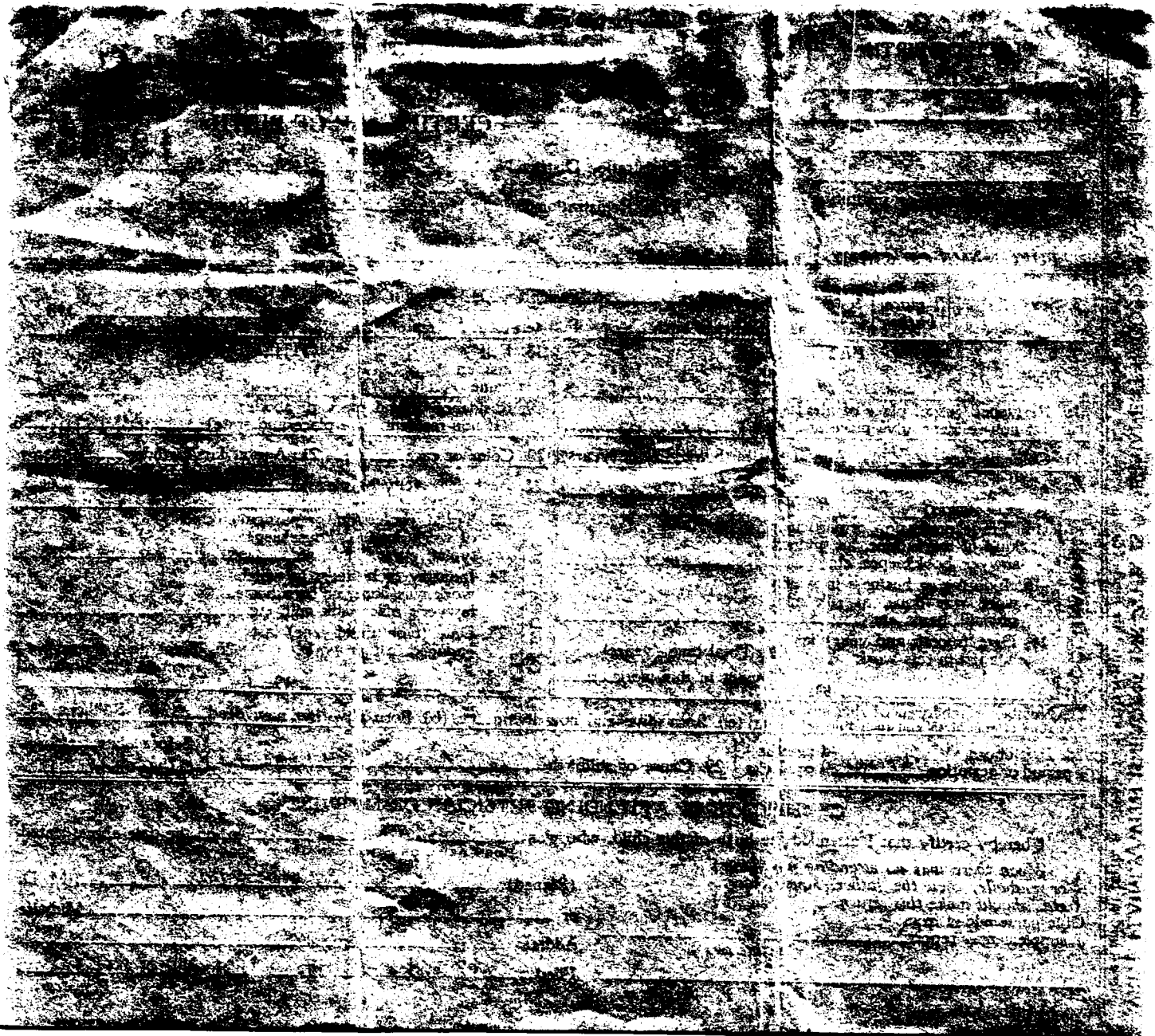
or _____, Midwife

Address Orlando, Fla.

Filed Aug 31, 1931 W. A. Khan

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Preston
No. Idaho St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **1939** **91**

Registration District No. 27 State File No. 1939

(If born in hospital or institution give name.)

Prim Registration District No. 2119 Local Registrar's No. 43

FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin <u>twins</u> and <u>1st</u> or other? <u>1st</u> (To be answered only in event of plural births)	Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of birth <u>Aug 20</u> 1939 (Month) (Day) (Year)
--------------------------	--	-------------------------------------	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth One (a) Born alive and now living 0

Born alive but now dead 0 Stillborn One

FATHER FULL NAME <u>Edward J. Bateman</u>	MOTHER FULL MAIDEN NAME <u>Elsie Thompson</u>
--	--

Residence (Usual place of abode) <u>Preston Idaho</u>	Residence (Usual place of abode) <u>Preston Idaho</u>
---	---

If non-resident, give place and State <u>Idaho</u>	If non-resident, give place and State <u>Idaho</u>
--	--

Color or race <u>white</u> Age at last Birthday <u>25</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>27</u> (Years)
---	---

Birthplace <u>Park City Utah</u>	Birthplace <u>Gleichenfoot Ida</u>
----------------------------------	------------------------------------

Occupation <u>Store keeper</u>	Occupation <u>housekeeper</u>
--------------------------------	-------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P. M. on the date above stated.

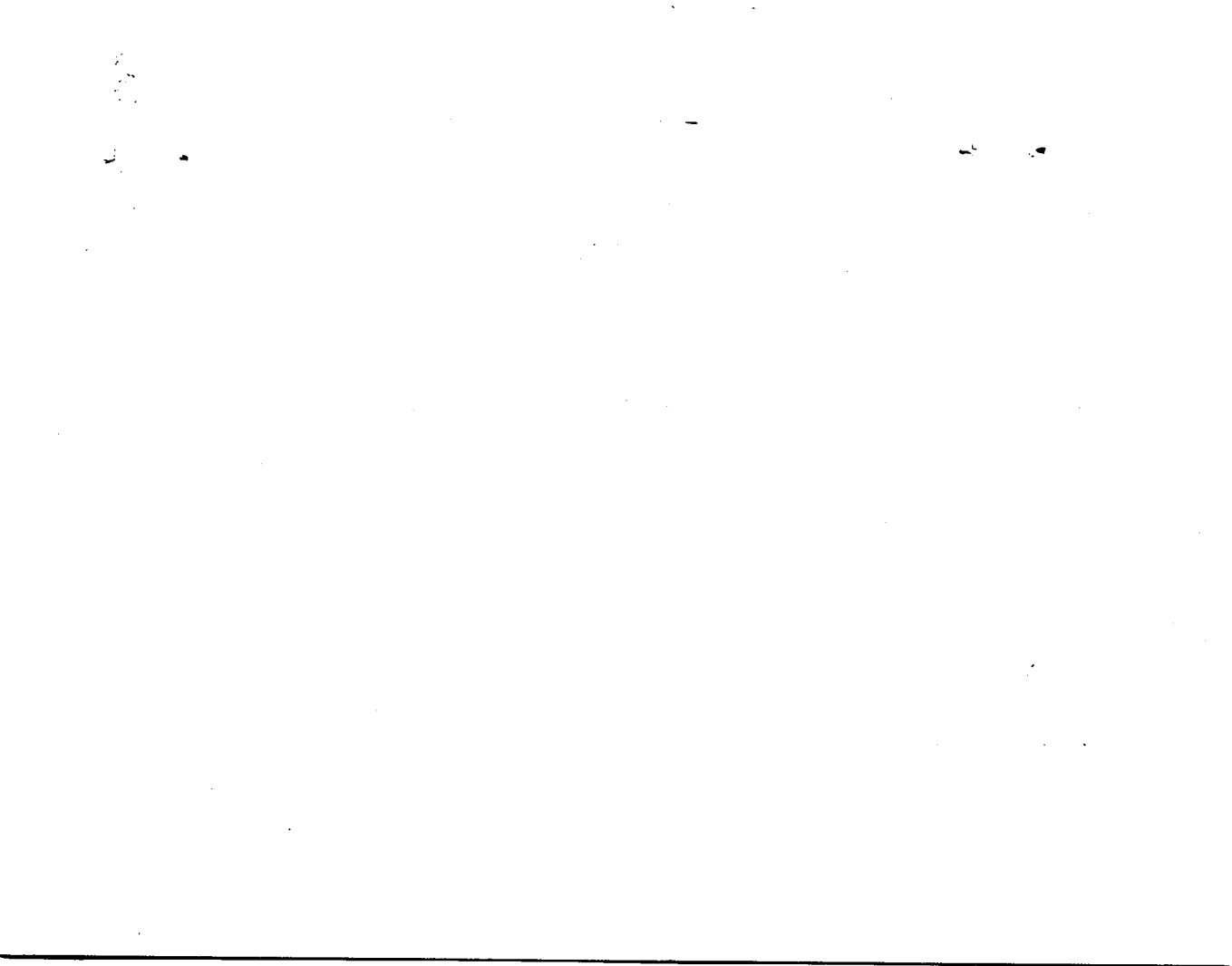
(Signature) Orson J. James

(Physician or midwife)

Address Preston Idaho

Filed Sept 8 1939 G. W. Stokes Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED SEP 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76266

State File No.

PLACE OF DEATH

County of FranklinCity of Preston

CERTIFICATE OF DEATH

Registration District No. 27Primary Registration District No. 2119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Bateman

(a) Residence. No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed,
or Divorced (write the word)Malewhite5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Aug 20 #1

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNONE(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Preston Idaho

10. NAME OF FATHER

Edward K. Bateman11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Park City Utah

12. MAIDEN NAME OF MOTHER

Eleise F. Thompson13. BIRTHPLACE OF MOTHER (city or town)
(State or County)BlackFoot Idaho

14.

Informant
(Address)Edward K. BatemanPreston

15.

Filed

Sept 8, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

unknown

(Month)

(Day)

19.
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Aug 20, 1931 to Aug 20, 1931that I last saw him dead on Aug 20, 1931and that death occurred, on the date stated above, at 1 m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Still birth - dead 3 to 7
days before birth

(duration) yrs. mos. ds.

CONTRIBUTORY ☒
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted ☒
if not at place of death?Did an operation precede death? No Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Dr. J. W. Stales M. D.Aug 21, 1931 (Address) Preston, Idaho19. Place of Burial, Cremation, or Removal
Preston Idaho

Date of Burial

Aug 21 31

19

M. W. Hendricks

Preston

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

MARGIN RESERVED FOR BINDING

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Franklin
City of Preston
No. Idaho St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

193992

Registration District No. 27 State File No. ---
(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 44
FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin <u>Triplets</u> or other? <u>and</u> { } Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of birth <u>Aug 20</u> 19 <u>39</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What prophylactic was used to prevent Ophthalmia Neonatorum? ---

Number of child of this mother, including present birth 2 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn Two

FATHER	MOTHER
FULL NAME <u>Edward A. Bateman</u>	FULL MAIDEN NAME <u>E. Lee Thompson</u>
Residence (Usual place of abode) <u>Preston, Ida.</u>	Residence (Usual place of abode) <u>Preston, Ida.</u>
If non-resident, give place and State <u>---</u>	If non-resident, give place and State <u>---</u>
Color or race <u>white</u> Age at last Birthday <u>35</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>27</u> (Years)
Birthplace <u>Park City, Utah</u> (City and State or County)	Birthplace <u>Blackfoot, Ida.</u> (City and State or County)
Occupation <u>Housekeeper</u>	Occupation <u>Housekeeper</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive { } at 7:45 p. M.
on the date above stated. (Signature) Orson S. Dams

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife) Orson S. Dams
Address Preston, Idaho
Filed Sept 8 1939 G. W. Stiles Registrar.

8

4

1

1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED SEP 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76267

PLACE OF DEATH

Franklin

County of

City of Preston

Registration District No. 27

Primary Registration District No. 2119

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Bateman

(a) Residence. No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Preston Idaho
(State or country)

10. NAME OF FATHER Edward K. Bateman

11. BIRTHPLACE OF FATHER (city or town) Park City Utah
(State or Country)

12. MAIDEN NAME OF MOTHER Elsie Thompson

13. BIRTHPLACE OF MOTHER (city or town) Blackfoot Idaho
(State or Country)

14. Informant Edward K. Bateman
(Address) Preston Idaho

15. Filed Sept 8, 1931 G. W. States Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH unknown 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Aug 20, 1931, that I last saw him dead on Aug 20, 1931, and that death occurred, on the date stated above, at m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

still birth, kept 3-7 days before birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Preston M. D.

Aug 21, 1931 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal Preston Idaho Date of Burial Aug 21 31

20. Undertaker M. W. Hendricks Address Preston Idaho

206

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 B.—In case of more than one child at birth a SEPARATE RETURN must be made
 for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai
 City of Boeur Wallace
 No. 714 Wallace St.
Mrs. Page Re
 (If born in hospital or institution
 give name.)

RECEIVED SEP 11 1931
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **194094**

Registration District No. 30 State File No. 130
 Prim. Registration District No. 1150 Local Registrar's No. 130

FULL NAME OF CHILD Not named - Stillborn
 (If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Aug. 10</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead None Stillborn 1

FATHER FULL NAME <u>William G. Selzer</u> Residence (Usual place of abode) <u>Boeur Wallace Ida</u> If non-resident, give place and State <u>—</u> Color or race <u>White</u> Age at last Birthday <u>40</u> (Years) Birthplace <u>Boeur Wallace, Minn.</u> (City and State or County) Occupation <u>Salaman, lug boat</u>	MOTHER FULL MAIDEN NAME <u>Idie Brunner</u> Residence (Usual place of abode) <u>Boeur Wallace Ida</u> If non-resident, give place and State <u>—</u> Color or race <u>White</u> Age at last Birthday <u>35</u> (Years) Birthplace <u>Appleton, Wis.</u> (City and State or County) Occupation <u>House wife</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn Born alive at 2 A. M.
 on the date above stated.

(Signature) J. C. W.

(Physician or midwife)

Address Boeur Wallace Ida

Filed 8/27 1931 N. J. Sturgis
 Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research.

2. The second part of the report is a detailed description of the methodology used in the study. It includes information about the sample size, the data collection methods, and the statistical analysis techniques.

3. The third part of the report is a presentation of the results of the study. It includes tables and graphs showing the data and the statistical analysis results.

4. The fourth part of the report is a discussion of the results and their implications. It discusses the findings of the study and their relevance to the field of study.

5. The fifth part of the report is a conclusion and a summary of the findings. It provides a final statement on the results of the study and the conclusions drawn from them.

6. The sixth part of the report is a list of references. It includes a list of all the sources used in the study, including books, articles, and other documents.

7. The seventh part of the report is an appendix. It includes any additional information that is relevant to the study, such as raw data, additional tables, or figures.

8. The eighth part of the report is a bibliography. It includes a list of all the sources used in the study, including books, articles, and other documents.

9. The ninth part of the report is a list of figures. It includes a list of all the figures used in the study, including tables, graphs, and other visual aids.

10. The tenth part of the report is a list of tables. It includes a list of all the tables used in the study, including tables of data, tables of statistical analysis, and other tables.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76294

PLACE OF DEATH

County of *Kootenai*
City of *Coeur d'Alene*

CERTIFICATE OF DEATH

Registration District No. *30*
Primary Registration District No. *1050*

Local Registrar's No. *124*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME *Donald Lee Delyea*

(a) Residence No. St.

(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. Single, Married, Widowed, or Divorced (write the word.) *single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) *1931-8-10*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *8*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *0*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) *Coeur d'Alene*
(State or country) *Idaho*10. NAME OF FATHER *W. Delyea*11. BIRTHPLACE OF FATHER (city or town) *Minneapolis*
(State or Country)12. MAIDEN NAME OF MOTHER *Sadie Rasmus*13. BIRTHPLACE OF MOTHER (city or town) *Winnipeg*
(State or Country)14. Informant *Dr. J. Delyea*
(Address)15. Filed *8/21*, 19*31* *N. J. Sturges*
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

About Aug 1 19*31*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Still born infant.
Hydrocephalic

(duration)yrs.mos.ds.

CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) *Dr. J. Delyea* M. B.
Aug 10, 19*31* (Address) *Coeur d'Alene*

Place of Burial, Cremation, or Removal *St. Thomas Cem* Date of Burial *8-10 1931*

Undertaker *Cassidy Funeral* Address *Coeur d'Alene*

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Madison
City of Burlington

No. 299-209 033-257 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 194173

Registration District No. 100 State File No. 2178

Prim. Registration District No. 2178 Local Registrar's No. 194

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature No Full term _____ 7. Legitimate Yes 8. Date of birth Aug 9, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Francis E. Brizzee
10. Residence (usual place of abode) Burlington
(If non-resident, give place and State)

11. Color White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 8 1/2 { months or weeks } 29. Cause of stillbirth The natal separation of placenta Before labor 6 days During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

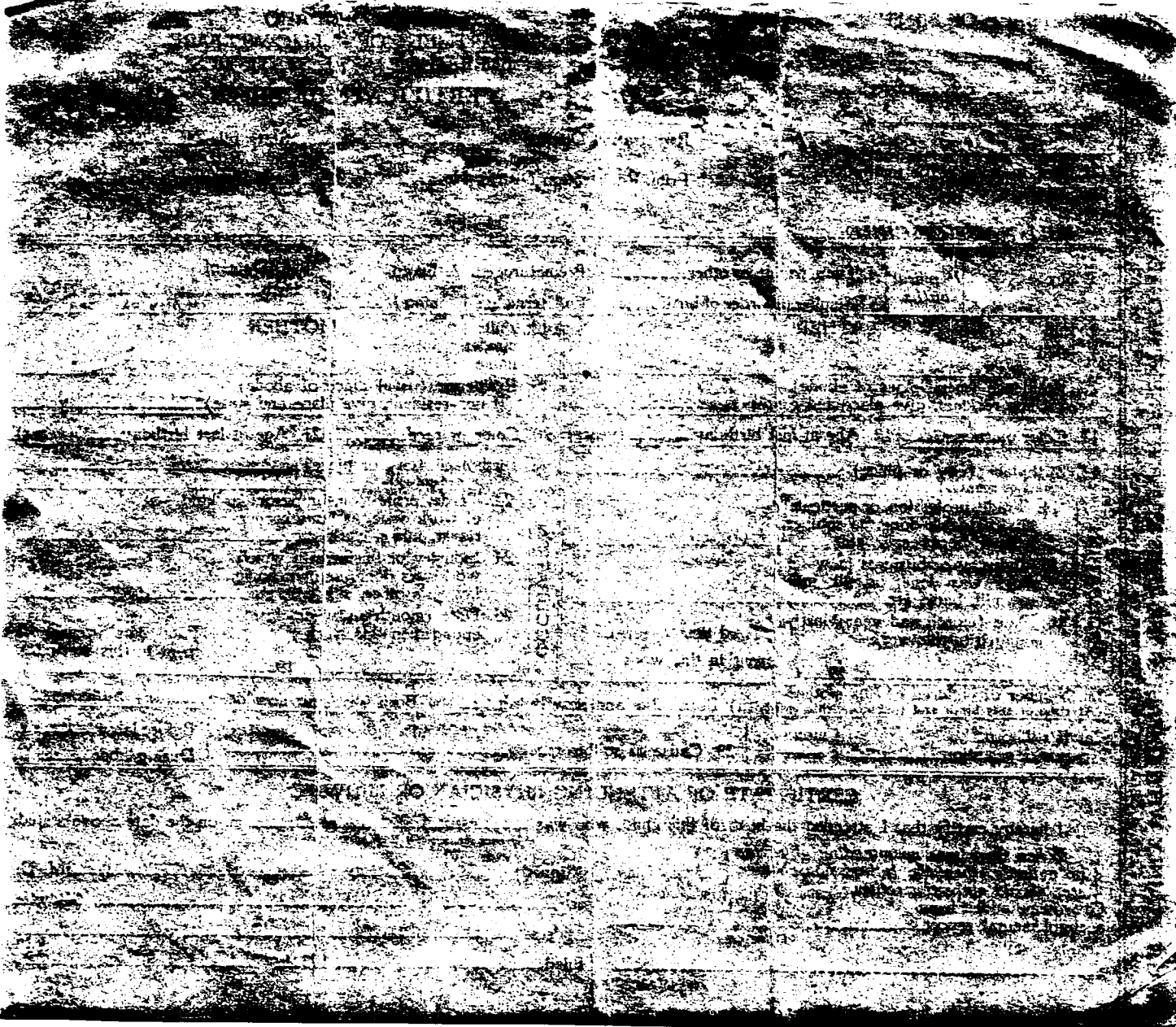
I hereby certify that I attended the birth of this child, who was Shelby at 6:30 P m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

Registrar.

(Signed) Lorin L. Rich, M. D.
or Reuben J. Idals, Midwife
Address 74, 1931 Idaho
Filed 74, 1931 Idaho Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECEIVED SEP. 10 1931

1. PLACE OF DEATH
County of Madison
City of Burton
If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH
Registration District No. 100
Primary Registration District No. 2178
(No. _____ St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
State File No. 76330
Local Registrar's No. 36
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WID- OWED OR DIVORCED <u>infant</u> (Write the word)
6. DATE OF BIRTH <u>August 9 1931</u> (Month) (Day) (Year)		
7. AGE <u>Stillborn</u> Yrs. _____ Mos. _____ ds. _____		IF LESS than 1 day how many _____ hrs. or _____ min. ?
8. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)		
9. BIRTHPLACE (State or Country) <u>Burton Idaho</u>		
10. NAME OF FATHER <u>Francis G Brizzee</u>		
11. BIRTHPLACE OF FATHER <u>Idaho</u>		
12. MAIDEN NAME OF MOTHER <u>Eliza Beardall</u>		
13. BIRTHPLACE OF MOTHER <u>Idaho</u>		
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____		
15. Filed <u>9/10</u> 19 <u>31</u> <u>J. Young</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH <u>Few days before Aug 9 1931</u> (Month) (Day) (Year)	
17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 9 1931</u> to <u>Aug 9 1931</u> , that I last saw him <u>alive on Stillborn</u> 19 <u>31</u> , and that death occurred on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: <u>Prenatal Separation of Placenta</u> <u>few days before birth</u> (Duration) yrs. _____ mos. _____ ds. _____ Contributory (Secondary) _____ (Duration) yrs. _____ mos. _____ ds. _____ 8/9 (Signed) <u>Louis A. Rich</u> M. D. 19 <u>31</u> (Address) <u>Ketchum Idaho</u> *State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) At place In the of death yrs. _____ mos. _____ days, State yrs. _____ mos. _____ ds. _____ Where was disease contracted if not at place of death? _____ Former or usual residence _____ 19. PLACE OF BURIAL OR REMOVAL <u>Burton</u> DATE OF BURIAL _____ 19_____ 20. UNDERTAKER <u>none</u> ADDRESS _____	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

76366

606-225-035-613

PLACE OF BIRTH

County New Pierce
City of Leviston

No. St. Josephus St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Roberta Ellen Moody

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>8 25 1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn yes

FULL NAME <u>R. E. Moody</u>	FATHER	FULL MAIDEN NAME <u>Melva A. Walker</u>	MOTHER
------------------------------	--------	---	--------

Residence (Usual place of abode) <u>Pendrick, Ida.</u>	Residence (Usual place of abode) <u>Pendrick, Idaho</u>
--	---

It non-resident, give place and State <u>Idaho</u>	It non-resident, give place and State <u>Idaho</u>
--	--

Color or race <u>white</u>	Age at last Birthday <u>35</u> (Years)	Color or race <u>white</u>	Age at last Birthday <u>30</u> (Years)
----------------------------	--	----------------------------	--

Birthplace <u>Pomeroy, Wash.</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
--	---

Occupation <u>farmer</u>	Occupation <u>housewife</u>
--------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 2:40 P. M.
on the date above stated.

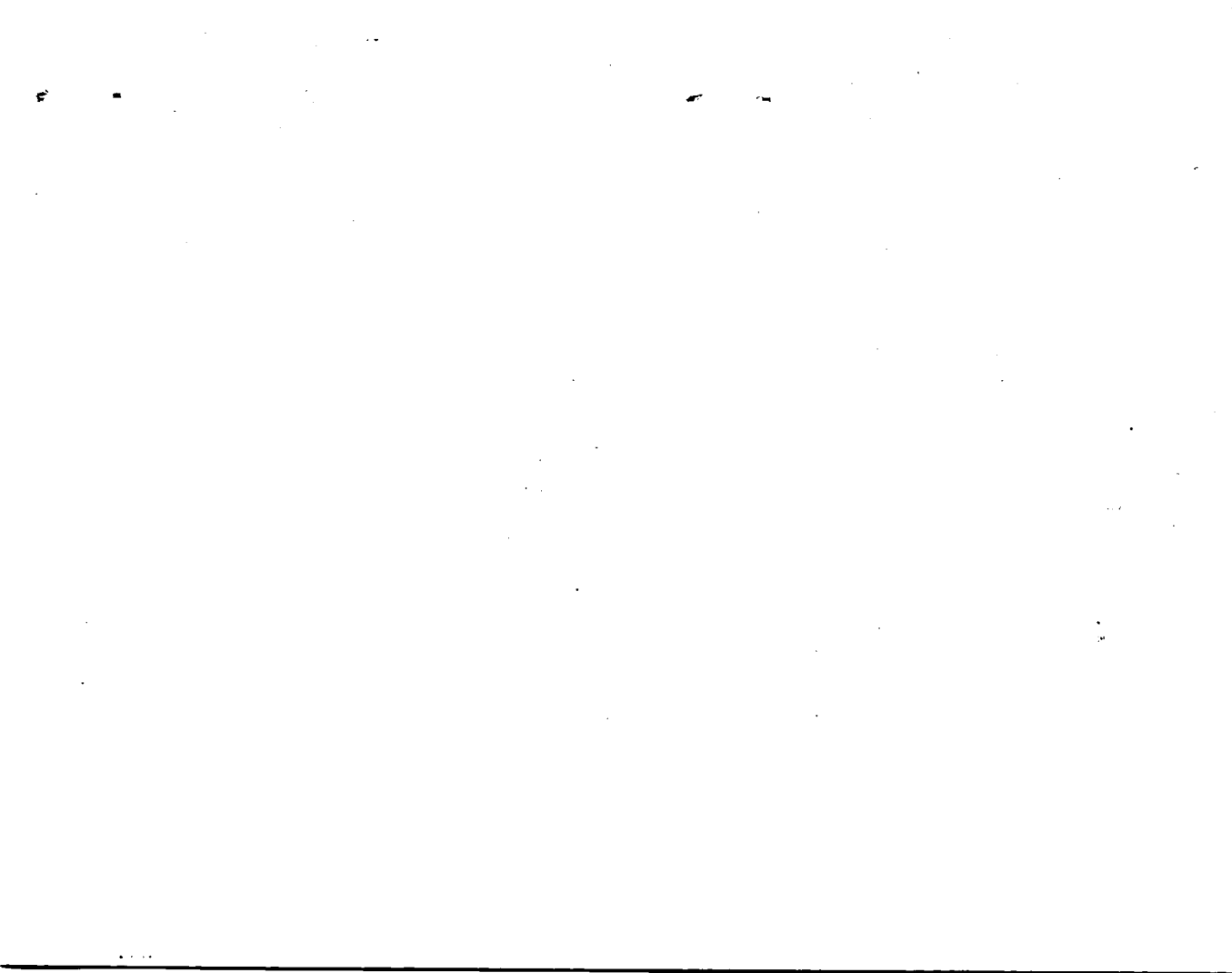
(Signature) O. C. Cassaw.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Leviston, Idaho

Filed 9-4-1931 J. M. Lyle
Registrar.



REC'D SEP 9 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

76366

State File No.

PLACE OF DEATH

County of Ada
City of Leicester

CERTIFICATE OF DEATH

Registration District No. 96
Primary Registration District No. 1009
(No.)

Local Registrar's No.

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Roberta Ellen Hoody

(a) Residence. No.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

St. Idaho

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug 25, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Leicester
(State or country) Idaho

10. NAME OF FATHER R. E. Hoody

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Melba A. Walker

13. BIRTHPLACE OF MOTHER (city or town) Okla.
(State or County)

14. Informant R. E. Hoody
(Address) Idaho

15. Filed 8/26/31 B. M. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug 25, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1931, to Aug 25, 1931, that I last saw him alive on, 19.....

and that death occurred, on the date stated above, atm.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Born dead

(duration) yrs. mos. ds.
CONTRIBUTORY Contracted pneumonia
(Secondary) breach presentation
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. B. Carson, M. D.

....., 19..... (Address) Leicester Idaho

19. Place of Burial, Cremation, or Removal Idaho Date of Burial 8/26 1931

20. Undertaken Brown-Hamm Co Address Leicester Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc.** Women at home, who are engaged in the duties of the household only (not paid **House-keepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton
City of Burton
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

194270

Registration District No. 77 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 8176 Local Registrar's No. 11

FULL NAME OF CHILD Steve Smith
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? <u> </u> and <u> </u>	Number in order of birth <u> </u>	Legitimate? <u>+</u>	Date of birth <u>7/26</u> 19 <u>31</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? Deland

Number of child of this mother, including present birth 4 (a) Born alive and now living 3
Born alive but now dead 0 Stillborn 1

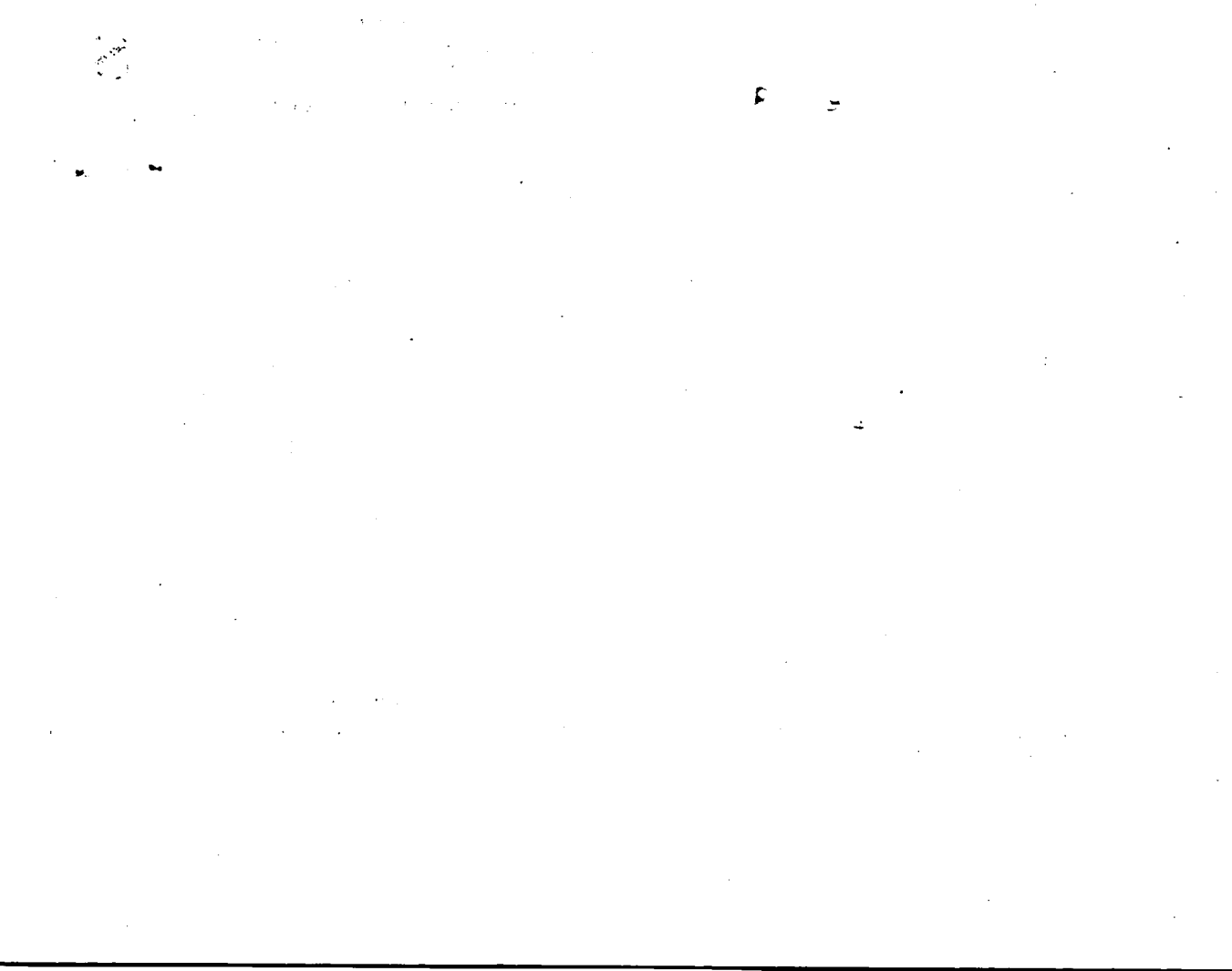
FATHER	MOTHER
FULL NAME <u>Dan L. Farnell</u>	FULL MAIDEN NAME <u>Orita Laughlin</u>
Residence (Usual place of abode) <u>Fort, Ida.</u>	Residence (Usual place of abode) <u>Id.</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>W</u> Age at last Birthday <u>27</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>25</u> (Years)
Birthplace <u>Canada</u> (City and State or County)	Birthplace <u>Oke</u> (City and State or County)
Occupation <u>Farmer + Laborer</u>	Occupation <u>H. W.</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 P.M. on the date above stated.
(Signature) H. R. Redner, M.D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Burton, Ida.
Filed 8-25-1931 Chas. M. Greene
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76398**

PLACE OF DEATH

County of Teton
City of Driggs

Registration District No. 77
Primary Registration District No. 4176

Local Registrar's No. 5

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Still born Infant Powell

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day and year) July 20-1931
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Driggs, Idaho
10. NAME OF FATHER Sam L. Powell
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Canada
12. MAIDEN NAME OF MOTHER Quita Laughlin
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Okla

14. Informant Quita Powell
(Address) Driggs, Idaho.

15. Filed 8-25-, 1931. Albie M. Greene
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 20, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____m.
The CAUSE OF DEATH* was as follows:

Still born
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) R. T. Jones, M. D.
July 20, 1931 (Address) Driggs, Idaho.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Driggs Date of Burial 7-8- 1931

20. Undertaker _____ Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Twin Falls

No. _____ St. _____

T. F. Coogan Hosp.
(If born in hospital or institution
give name.)

FULL NAME OF CHILD _____

Registration District No. 37 State File No. _____

Prim. Registration District No. 2088 Local Registrar's No. 329

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Aug 24 1931</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 9 (a) Born alive and now living 8

Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME James D. Ritchie
Residence (Usual place of abode) 362-7th Ave E
If non-resident, give place and State Twin Falls
Color or race W Age at last Birthday 45 (Years)
Birthplace Marriott, Utah
(City and State or County)
Occupation Sheep Buyer

MOTHER
FULL MAIDEN NAME Caro Elizabeth Cauer
Residence (Usual place of abode) 362-7th Ave E
If non-resident, give place and State Twin Falls
Color or race W Age at last Birthday 42 (Years)
Birthplace Plains City, Utah
(City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 8⁴⁵ P. M.
on the date above stated.

(Signature) H. C. Lamb

(Physician or midwife) _____

Address Twin Falls, Idaho

Filed Sept 2 1931 Elizabeth J. Smith
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED SEP 16 1931
CERTIFICATE OF BIRTH S194318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED OCT 14 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 76692

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

Registration District No. 37

Primary Registration District No. 20835

Local Registrar's No. 149

(No. Twin Falls County Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME (Stillborn) Ritchie

(a) Residence. No. _____ St. _____

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) 8-24-1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Twin Falls (State or country) Idaho

10. NAME OF FATHER James D. Ritchie

11. BIRTHPLACE OF FATHER (city or town) Utah (State or Country) _____

12. MAIDEN NAME OF MOTHER Cora Elizabeth Carner

13. BIRTHPLACE OF MOTHER (city or town) Plain City (State or Country) Utah

14. Informant Mr. James D. Ritchie (Address) 362 - 7th Ave. East

15. Filed Oct 9th, 1931 Elizabeth J. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 8 24 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY That I attended deceased from Stillborn at home

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:
Don't know cause of miscarriage

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of - _____

Was there an autopsy? No

What test confirmed diagnosis? Spinning
(Signed) H. C. Lamb, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal _____ Date of Burial _____

20. Undertaker _____ Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated **unknown**.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock
City of Pocatello
No. St. Anthony St.

Hosp
(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 28 State File No. 32

Prim. Registration District No. 3161 Local Registrar's No. 721

Stillborn Cooper
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? <u>No</u>	Date of birth <u>9/4/31</u> 19 <u>31</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 0

Born alive but now dead 1 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Jack Cooper</u>	FULL MAIDEN NAME <u>Jaunita Scott</u>
Residence (Usual place of abode) <u>Burley, Ida.</u>	Residence (Usual place of abode) <u>251 N Grant</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>W</u> Age at last Birthday <u>23</u> (Years)	Color or race <u>W</u> Age at last Birthday <u>21</u> (Years)
Birthplace <u>Burley, Ida</u> (City and State or County)	Birthplace <u>Amber, Okla</u> (City and State or County)
Occupation <u>Laborer</u>	Occupation <u>None</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 35 P.M.
on the date above stated.

(Signature) [Signature]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Pocatello
Filed 10-1 1931 D C Ray Registrar

dup of 196887

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

STATE OF IDAHO
RECEIVED OCT 8 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL-STATISTICS

DO NOT WRITE IN THIS SPACE
76470
State File No.

PLACE OF DEATH

County of Barnes
City of Pocatello

CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161 Local Registrar's No. 144
(No. Stanthams Hosp)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Cooper

(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 4, 1931

7. AGE Years Months Days LESS than 1 day.
Stillborn

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Pocatello, Idaho

PARENTS

10. NAME OF FATHER Jack Cooper

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Idaho

12. MAIDEN NAME OF MOTHER Marion Katt

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Oklahoma

14. Informant (Address) Hired Katt
American Hotel

15. Filed Sept 5 1931 D C Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 4 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7-4 1931, to 7-4 1931
that I last saw h. alive on 1931

and that death occurred, on the date stated above, at Stanthams Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn
Fatal atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted — if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Bartholomew M. D.
9/4 1931 (Address) Pocatello Idaho

19. Place of Burial, Cremation, or Removal Pocatello Idaho Date of Burial Sept 6 1931

20. Undertaker McHardy & Co Address Pocatello

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications. as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

759-128063-466

1. PLACE OF BIRTH
County of Danmark
City of Tacatahlo
No. 538 N. Hayes
General
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baley James Furse

3. Sex male If plural births 1 4. Twin, triplet, or other 1 6. Premature 1 7. Legitimate? yes 8. Date of birth 9-28 1931
(MONTH, DAY, YEAR)

9. Full name BATHER 18. Full maiden name MOTHER
James Furse Anna Downey

10. Residence (usual place of abode) (If non-resident, give place and State) 538 N. Hayes 19. Residence (usual place of abode) (If non-resident, give place and state) 538 N. Hayes

11. Color or race white 12. Age at last birthday 20 (years) 20. Color or race white 21. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or country) Robins, Ill. 22. Birthplace (city or place) (State or country) Washington, Ind.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Nat'l. Cleaners 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 9-28 1931 25. Date (month and year) last engaged in this work 9-27 1931

17. Total time (years) spent in this work 1 26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth long difficult labor Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:45 p. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
Give name added from a supplemental report _____ (DATE OF) _____

(Signed) D. C. Ray, M. D.
or _____ Midwife
Address Tacatahlo, Ind.
Filed 10-1 1931 D. C. Ray
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 76462
CERTIFICATE OF DEATH		
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		State File No. _____
Registration District No. <u>21</u> Primary Registration District No. <u>2161</u> (No. <u>General Hosp.</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)		Local Registrar's No. <u>154</u> 206
2. FULL NAME <u>James Perse</u> (a) Residence. No. <u>538 N. Hayes</u> St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year)		
7. AGE <u>Sept. 28</u> Years	Months _____	Days <u>0</u>
If LESS than 1 day, _____ hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>		
13. NAME <u>James Perse</u>		
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)		
15. MAIDEN NAME <u>Anna C. Downey</u>		
16. BIRTHPLACE (city or town) <u>Washington</u> (State or country) <u>Indiana</u>		
17. INFORMANT <u>James C. Downey</u> (Address) <u>538 N. Hayes</u>		
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 193 _____		
19. UNDERTAKER <u>Schumacher & Beasley</u> (Address) <u>Pocatello Idaho</u>		
20. FILED <u>9-30</u> , 193 <u>1</u> <u>D C Ray</u> Registrar		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>Sept. 28</u> , 193 <u>1</u>		
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 _____, to <u>Sept 28</u> , 193 <u>1</u> .		
I last saw him alive on _____, 193 _____; death is said to have occurred on the date stated above, at _____ m.		
The principal cause of death and related causes of importance were as follows:		
<u>Still born</u> <u>Instrumental abortion</u> <u>ruptured head: delay</u> <u>birth</u>		
Other contributory causes of importance: _____		
Name of operation _____ Date of _____		
What test confirmed diagnosis? _____ Was there an autopsy? _____		
23. If death was due to external causes (violence) fill in also the following:		
Accident, suicide, or homicide? _____ Date of injury _____, 193 _____		
Where did injury occur? _____ (Specify city or town, county, and State)		
Specify whether injury occurred in industry, in home, or in public place. _____		
Manner of injury _____		
Nature of injury _____		
24. Was disease or injury in any way related to occupation of deceased? _____		
If so, specify _____		
(Signed) <u>D C Ray</u> , M. D.		
(Address) _____		

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham
City of Fruit
No. 12 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 194522

Registration District No. 121 State File No. 412

(If born in hospital or institution give name.)

Prim. Registration District No. 2194 Local Registrar's No. 412

2. FULL NAME OF CHILD

3. Male If plural births { 4. Twin, triplet, or other yes 6. Premature yes 7. Legitimate yes 8. Date of birth Sept 9, 1931
5. Number, in order of birth 1 Full term yes (MONTH, DAY, YEAR)

9. Full name FATHER L. L. Curtis 18. Full name MOTHER Emily Micham

10. Residence (usual place of abode) Fruit 19. Residence (usual place of abode) Fruit
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 46 (years) 20. Color or race W 21. Age at last birthday 44 (years)

13. Birthplace (city or place) Barroville, Utah 22. Birthplace (city or place) Barroville, Ida
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ref. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Sept, 1931 17. Total time (years) spent in this work 20 25. Date (month and year) last engaged in this work Sept, 1931 26. Total time (years) spent in this work 16

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 7th months { 29. Cause of stillbirth Portion of cord Before labor 1. 1st
3. 2nd 4. 3rd 5. 4th 6. 5th 7. 6th 8. 7th 9. 8th 10. 9th 11. 10th 12. 11th 13. 12th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 P m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) H. B. King, M. D.

Give name added from a supplemental report

or Shelley Midwife

Address Oct 3

Filed Oct 3, 1931 Mr. Tolson

(DATE OF)

Registrar.

Registrar.

2

CHRONIC DISEASE
TUBERCULOSIS
PNEUMONIA

1911-1912

1913-1914

1915-1916

1917-1918

1919-1920

1921-1922

1923-1924

1925-1926

1927-1928

1929-1930

1931-1932

1933-1934

1935-1936

1937-1938

1939-1940

1941-1942

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		RECEIVED OCT 7 1931 DO NOT WRITE IN THIS SPACE 76480 State File No. _____ Local Registrar's No. 159	
County of <i>Bingham</i>		City of <i>Firth</i>		Registration District No. <i>121</i> Primary Registration District No. <i>2194</i>	
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <i>Lee A. Curtis Baby, Curtis</i>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>✓</i>					
6. DATE OF BIRTH (month, day, and year) <i>Sept 9, '31</i>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
	<i>0</i>	<i>0</i>	<i>0</i>		
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓</i>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <i>✓</i>					
12. BIRTHPLACE (city or town) <i>Firth, Ida.</i> (State or country)					
FATHER					
13. NAME <i>Lee A. Curtis</i>					
14. BIRTHPLACE (city or town) <i>Quincy, Utah</i> (State or country)					
MOTHER					
15. MOTHER'S NAME <i>Emily M. Curtis</i>					
16. BIRTHPLACE (city or town) <i>Quincy, Utah</i> (State or country)					
17. INFORMANT <i>Lee A. Curtis</i> (Address) <i>Firth, Idaho</i>					
18. BURIAL, CREATION OR REMOVAL Place <i>Firth, Idaho</i> Date <i>Sept 10, 1931</i>					
19. UNDERTAKER (Address) _____					
20. FILED <i>Sept. 11, 1931</i> <i>Max M. Curtis</i> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <i>Sept 9, 1931</i>					
22. I HEREBY CERTIFY, That I attended deceased from <i>Sept 9, 1931</i> , to <i>Sept 9, 1931</i> . I last saw him/her on <i>Sept 9, 1931</i> . death is said to have occurred on the date stated above, at <i>3:00</i> p.m. The principal cause of death and related causes of importance were as follows: <i>Stillborn - before labor, 1 week</i>					
Other contributory causes of importance: _____					
Name of operation <i>none</i> Date of _____					
What test confirmed diagnosis? <i>Thyroid pathology</i> <i>no</i>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <i>no</i> If so, specify _____ (Signed) <i>H. C. G. Curtis</i> M. D. (Address) <i>Quincy, Idaho</i>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE THIS WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine
City of Belleme
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stieborn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 194544

Registration District No. 57 State File No. _____

Prim. Registration District No. 2022 Local Registrar's No. 40

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>9-15-1931</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>James Jacobson</u>			18. Full maiden name MOTHER <u>Alberta Houser Hoyer</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Belleme</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Belleme</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>28</u> (years)	20. Color or race <u>White</u>		21. Age at last birthday <u>29</u> (years)
13. Birthplace (city or place) (State or country) <u>Upton, Utah</u>			22. Birthplace (city or place) (State or country) <u>Kellogg, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>
	16. Date (month and year) last engaged in this work <u>1930</u> , 19____				25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work <u>13</u>			26. Total time (years) spent in this work <u>4</u>		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 5 mo } months or weeks } 29. Cause of stillbirth _____ } Before labor _____ } During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 P m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Robert H. Wright, M. D.

Give name added from a supplemental report _____

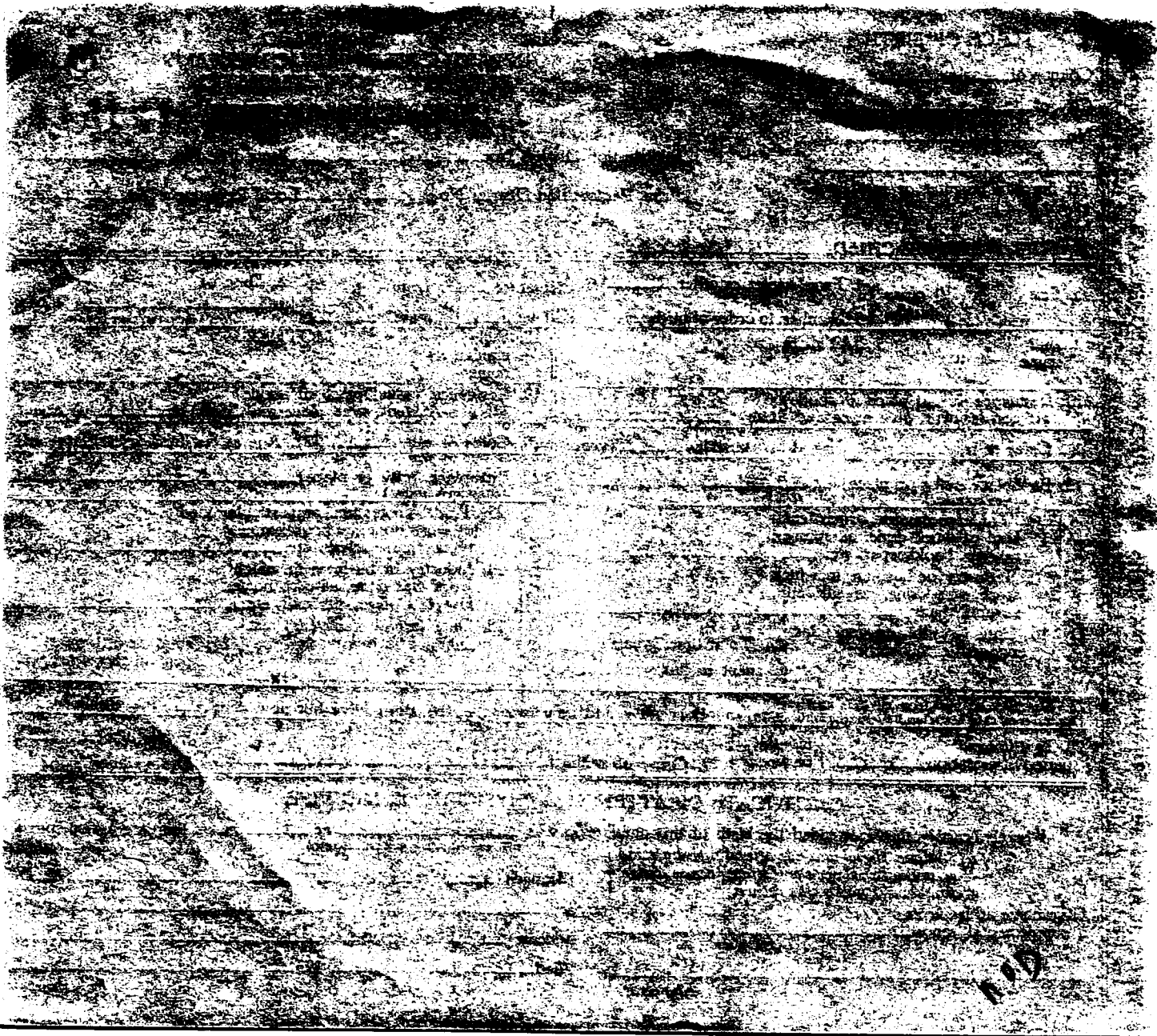
(DATE OF)

or _____ Midwife
Address Hailey, Idaho

Filed 9-30, 1931 Robert H. Wright

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

231-214 010-294

PLACE OF BIRTH

County of Bonneville

City of Shake Falls

No. _____ St.

L.H.S. Hospital
(If born in hospital or institution
give name.)

FULL NAME OF CHILD Baby Girl Blair
(If stillborn, substitute the word "Stillbirth" for name of child)

RECEIVED OCT 6 1931
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

194582

Registration District No. 73 State File No. _____

Prim. Registration District No. 2140 Local Registrar's No. 421

Sex of Child <u>Female</u>	Twin Triplet or other? _____ (To be answered only in case of plural births)	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Sept 14</u> 19 <u>31</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead. 0 Stillborn 1

FATHER FULL NAME <u>Jac. D. Blair</u>	MOTHER FULL MAIDEN NAME <u>Marguerite Simpson</u>
--	--

Residence (Usual place of abode) <u>Shake Falls, Bonneville Natop.</u>	Residence (Usual place of abode) <u>Bonneville Natop.</u>
--	---

If non-resident, give place and State _____	If non-resident, give place and State _____
---	---

Color or race <u>White</u> Age at last Birthday <u>36</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>24</u> (Years)
---	---

Birthplace <u>Boone Iowa</u> (City and State or County)	Birthplace <u>Shake Falls, Utah</u> (City and State or County)
--	---

Occupation <u>Manager of Hotel</u>	Occupation <u>None</u>
------------------------------------	------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at
on the date above stated.

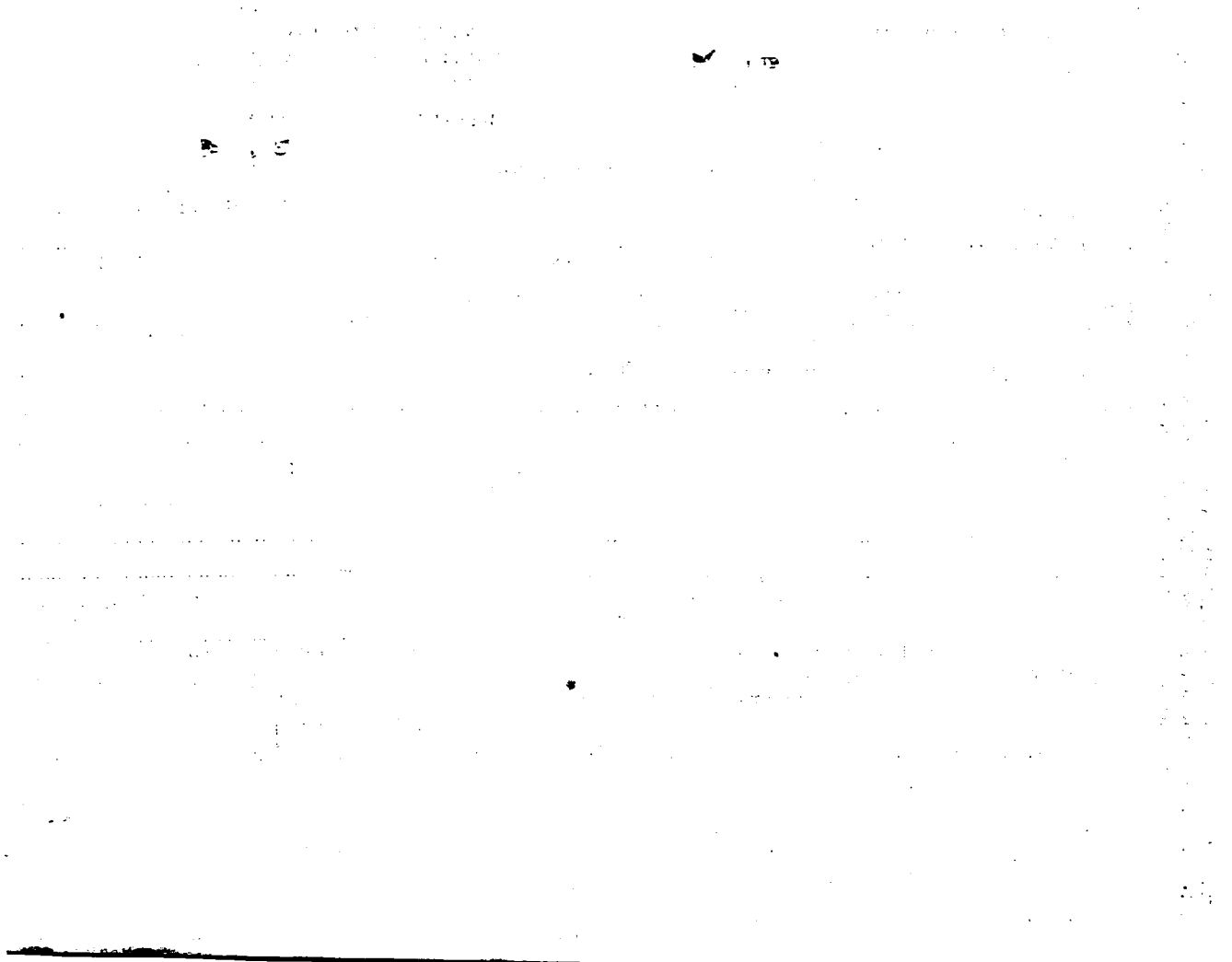
(Signature) J. H. Wilson M.D.

(Physician or midwife)

Address Shake Falls, Id.

Filed Sept 21 1931 C. H. H. H. H.
Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M 4-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls, IdahoRegistration District No. 23Primary Registration District No. 2140

(No. _____) (St.) _____

State File No. 16522Local Registrar's No. 163

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Baby girl Blair

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Female white infant
(Write the word)

6. DATE OF BIRTH

Sept. 14 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
hrs. or min.?

Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho Falls, Idaho

10. NAME OF

Father J. D. Blair

11. BIRTHPLACE OF FATHER

(State or Country) Bonneville, Idaho

12. MAIDEN NAME OF MOTHER

Marguerite Simpson

13. BIRTHPLACE OF MOTHER

(State or Country) Salt Lake City, Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

J. D. Blair
Idaho Falls, Idaho

15.

Filed Sept 14 19 31 Idaho

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept. 14 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1931 to Sept. 14 1931,
that I last saw h. ex alive on Sept. 14 1931,
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Pressure in full canal

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. L. Wilkerson M. D.9/14 1931 (Address) Idaho Falls, Idaho

*State the Disease Causing Death; or in death violent Causes, state (1) Means of Injury; and (2) Mental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospital Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted?

If not at place of death?

Former or
usual residence _____

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Idaho Falls, Idaho 9/14 1931

20. UNDERTAKER

J. F. M. Har Idaho Falls Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The cause of the injury, as fracture of skull, and consequent **tetanus**) may be stated under the head of **Contributory.**

285101

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville
City of Idaho Falls
No. _____ St. _____

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 194590

Idaho Falls
(If born in hospital or institution
give name.)

Registration District No. 73 State File No. _____

Prim. Registration District No. 2150 Local Registrar's No. 433

FULL NAME OF CHILD

Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>August 31</u> 19 <u>31</u> (Month) (Day) (Year)
-----------------------------	---	-----	--------------------------------	--------------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth. 2 (a) Born alive and now living. 1

Born alive but now dead. _____ Stillborn _____

FATHER	MOTHER
FULL NAME <u>Jay Allen Haie</u>	FULL MAIDEN NAME <u>Ella Bumann</u>
Residence (Usual place of abode) <u>Roberts</u>	Residence (Usual place of abode) <u>Roberts</u>
If non-resident, give place and State <u>Idaho</u>	If non-resident, give place and State <u>Idaho</u>
Color or race <u>White</u> Age at last Birthday <u>29</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>29</u> (Years)
Birthplace <u>Rigby Idaho</u> (City and State or County)	Birthplace <u>Idaho</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Idaho Falls M.
on the date above stated.
(Signature) H. R. Abbott M. D.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Idaho
Filed Sept 29 1931 Coy Fennell
Registrar.

10 100
10 100
12 07

CONFIDENTIAL - ILLEGAL (Page 11)

U.S. AIR FORCE

(It is noted regarding the word "beliefs" for name of subject)

[illegible]

What property facts are used to describe the community?

and the child of this mother, mother's name is [redacted] in [redacted] Both alive and now living

[illegible]

[Faint, illegible handwritten notes at the bottom of the page.]

10-10-68

(RINCE) 70 state bur 7119

DECLASSIFICATION OF ATTACHED DOCUMENTS OR MATERIALS

100-443887-100

[Faint, illegible handwritten notes]

0-71611-128-9

...and that the ...

CONFIDENTIAL

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
BUREAU OF VITAL STATISTICS		BUREAU OF VITAL STATISTICS		76521	
PLACE OF DEATH		County of <u>Townsend</u>		State File No. _____	
City of <u>Idaho Falls</u>		Registration District No. <u>73</u>		Local Registrar's No. <u>142</u>	
Primary Registration District No. <u>215-0</u>		(No. <u>Spencer Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Infant Haire</u>		<u>Robertson Ida</u>		<u>206</u>	
(a) Residence. No. _____ St. _____		(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Aug 31 - 1931</u>					
7. AGE <u>1</u> Years	<u>0</u> Months	<u>0</u> Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls</u>					
13. NAME <u>Ida Haire</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Ida Bernauer</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Ida Haire</u>					
18. BURIAL, CREMATION, or other disposal Place <u>Idaho Falls</u> Date <u>Aug 31</u> 1931					
19. UNDERTAKER (Address) <u>Idaho Falls</u>					
20. FILED <u>Sept 9</u> 1931 <u>Idaho Falls</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Aug 31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 31</u> 1931, to <u>Aug 31</u> 1931.					
I last saw him alive on <u>Unknown</u> , 1931; death is said to have occurred on the date stated above, at <u>Unknown</u> . The principal cause of death and related causes of importance were as follows: <u>Obstructed fetal circulation occurring about 1 week before birth.</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
No. If so, specify <u>Idaho Falls</u> (Signed) <u>Ida Haire</u> , M. D.					
(Address) <u>Idaho Falls</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

FEB 14 1983

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho

No. _____ St.

L. D. R. Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **194607**

Registration District No. 73 State File No. _____

Prim. Registration District No. 2140 Local Registrar's No. 420

2. FULL NAME OF CHILD Stillborn Hammer

3. Sex Male	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>Yes</u> Legiti-	8. Date of birth <u>Sept. 15</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth <u>---</u>	Full term <u>---</u> mate? <u>Yes</u>	

9. Full name FATHER
Leonard B. Hammer

10. Residence (usual place of abode)
(If non-resident, give place and State) R#7 Idaho Falls

11. Color or race White 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Woodville, Idaho
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wage earner

16. Date (month and year) last engaged in this work Sept. 15, 1931 17. Total time (years) spent in this work 4

18. Full maiden name MOTHER
Delsa Stewart

19. Residence (usual place of abode)
(If non-resident, give place and state) R#7 Idaho Falls

20. Color or race White 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Croyden, Utah
(State or country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work Sept. 15, 1931 26. Total time (years) spent in this work 6

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 3

28. If stillborn, period of gestation 4 1/2 { months or weeks } 29. Cause of stillbirth Anemia Mother { Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4:40 A. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

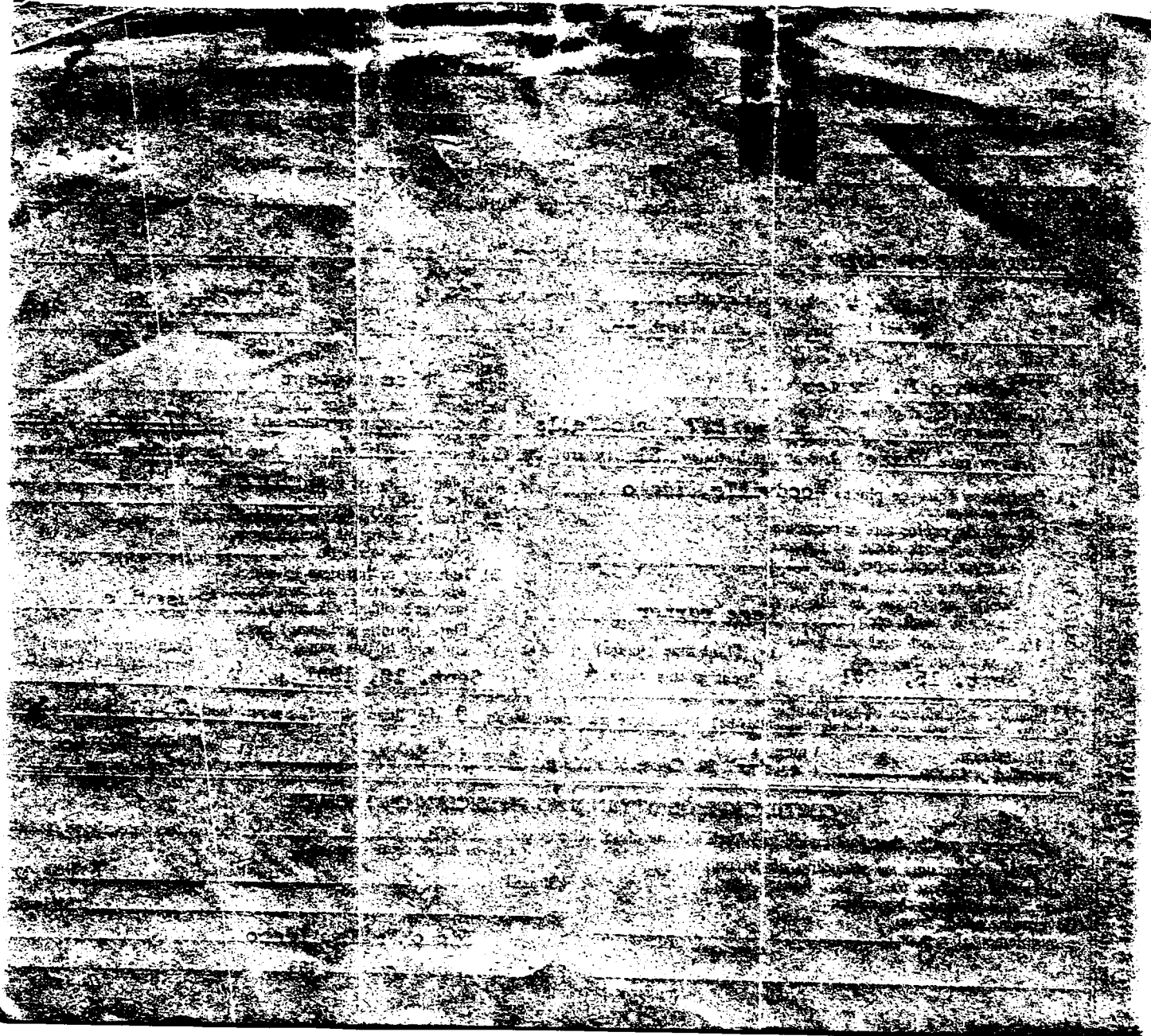
(Signed) _____, M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed Sept 17, 1931 _____ Registrar.

Registrar.



CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
County of Bonner
City of Idaho Falls
If death occurs away from
usual residence, give facts
called for under special in-
formation.

Registration District No. 73
Primary Registration District No. 2 1st
(No. _____ St.)

State File No. 76524
Local Registrar's No. 76524
If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

2. FULL NAME

Stillbirth

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED Baby
(Write the word)

6. DATE OF BIRTH Sept 15 1931
(Month) (Day) (Year)

7. AGE _____ IF LESS than 1
day how many
hrs. or
Yrs. Mos. ds. min.?

8. OCCUPATION
(a) Trade, profession or
particular kind of work Baby
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE
(State or Country) Idaho

10. NAME OF
Father Leonard B. Hammer

11. BIRTHPLACE
OF FATHER Northville Idaho
(State or Country)

12. MAIDEN NAME
OF MOTHER Delsa Stewart

13. BIRTHPLACE
OF MOTHER Croyden Utah
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) mother
(Address) Idaho Falls Rt # 7

15. Filed Sept 16 19 31 C. Hummer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 15 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
Sept 15 1931 to Sept 15 1931,
that I last saw him alive on Sept 15 1931,
and that death occurred on the date stated above, at _____ M.
The CAUSE OF DEATH* was as follows:

Died in utero (4 1/2 months)
about 2 months before birth

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory anemia of mother
(Secondary)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. H. West M. D.
19 31 (Address) Idaho Falls

*State the Disease Causing Death; or in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)
At place _____ In the
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted
if not at place of death?
Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Cremation R.D. Shop Sept 16 1931

20. UNDERTAKER ADDRESS
None

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin
City of Winder
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S194766

(If born in hospital or institution
give name.)

Registration District No. 27 State File No. _____

Prim. Registration District No. 249 Local Registrar's No. 77

FULL NAME OF CHILD

Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>9-29-1911</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol & Boric acid

Number of child of this mother, including present birth. 7 (a) Born alive and now living 6

Born alive but now dead. _____ Stillborn 1

FATHER
FULL NAME Edward Talbot
Residence (Usual place of abode) Winder

MOTHER
FULL MAIDEN NAME Alice Taylor
Residence (Usual place of abode) Winder

If non-resident, give place and State. _____

If non-resident, give place and State. _____

Color or race W Age at last Birthday 42 (Years)

Color or race W Age at last Birthday 39 (Years)

Birthplace Kaysville Utah
(City and State or County)

Birthplace Preston Idaho
(City and State or County)

Occupation Farmer

Occupation N. W.

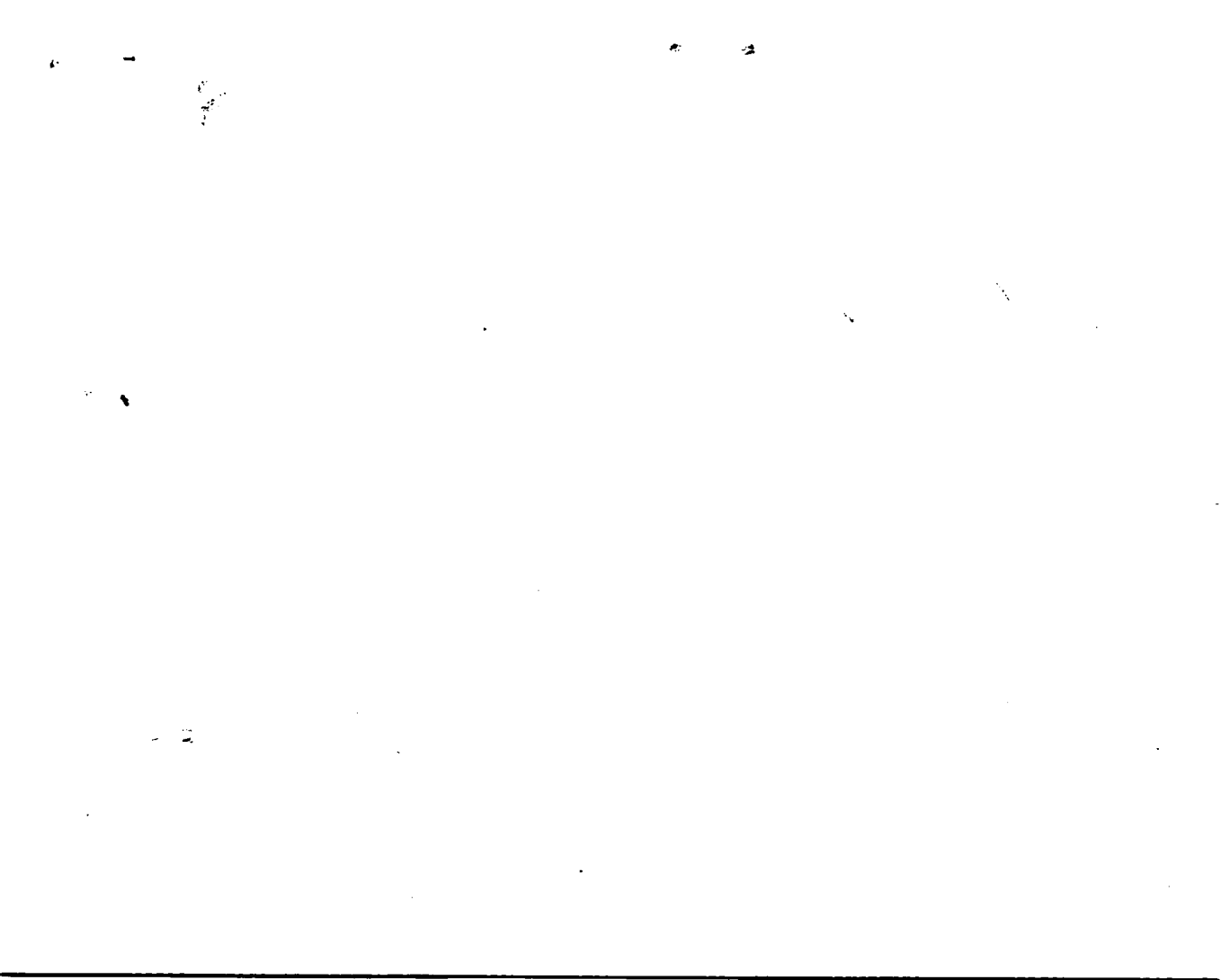
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive
on the date above stated. Stillborn at 3.30 P. M.

(Signature) G. W. Slater
M. D.
(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address Preston Idaho
Filed Oct 8 1931 G. W. Slater
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		CERTIFICATE OF DEATH	
County of <u>Franklin</u>		State File No. <u>76576</u>	
City of <u>Preston</u>		Registration District No.	
Primary Registration District No.		Local Registrar's No. <u>14</u>	
(No.)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>No name</u>			
(a) Residence. No.		St.	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>—</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>			
6. DATE OF BIRTH (month, day, and year) <u>Sept 29-1931</u>			
7. AGE <u>Still Born</u>	Years	Months	Days
If LESS than 1 day, hrs. or min.			
OCCUPATION			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (city or town) (State or country) <u>—</u>			
MOTHER FATHER			
13. NAME <u>Edward Talbot</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Rayville Utah</u>			
15. MAIDEN NAME <u>Alie Taylor</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Preston Idaho</u>			
17. INFORMANT <u>Edward Talbot</u> (Address)			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winder</u> Date <u>Sept 30, 1931</u>			
19. UNDERTAKER <u>—</u> (Address)			
20. FILED <u>Oct 8, 1931</u> <u>G. W. States</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sept 29</u> , 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 29</u> , 1931, to <u>Sept 29</u> , 1931.			
I last saw him alive on <u>Sept 29</u> , 1931; death is said to have occurred on the date stated above, at <u>—</u> m.			
The principal cause of death and related causes of importance were as follows: <u>Still born child. Been dead for weeks about 1 week.</u>			
Date of onset <u>—</u>			
Other contributory causes of importance: <u>Hydrocephalus</u>			
Name of operation <u>—</u> Date of <u>—</u>			
What test confirmed diagnosis <u>—</u> Was there an autopsy <u>No</u>			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 1931.			
Where did injury occur? <u>—</u> (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. <u>—</u>			
Manner of injury <u>—</u>			
Nature of injury <u>—</u>			
24. Was disease or injury in any way related to occupation of deceased? <u>—</u>			
If so, specify <u>—</u>			
(Signed) <u>G. W. States</u> , M. D.			
(Address) <u>Preston Idaho</u>			

no 6

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho
City of Stiles
No. St.

STATE OF IDAHO OCT 13 1931

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

194847

Registration District No. 106 State File No.

(If born in hospital or institution
give name.)

Prim. Registration District No. 2184 Local Registrar's No. 52

FULL NAME OF CHILD

Sullivan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child

Male

Twin
Triplet
or other?
(To be answered only in event of plural births)

and { Number
in order
of birth

Legiti-
mate?

Date of
birth

Sept - 3
(Month) (Day)

1931
(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living 2

Born alive but now dead one Stillborn one

FULL
NAME

FATHER
Ralph W. Jones
Idaho

Residence (Usual place of abode)

If nonresident, give place and State

Color or race white Age at last Birthday 47
(Years)

Birthplace Idaho
(City and State or Country)

Occupation Farmer

FULL
MAIDEN
NAME

MOTHER
Mela Graham

Residence (Usual place of abode) Stiles - Idaho

If nonresident, give place and State

Color or race white Age at last Birthday 39
(Years)

Birthplace Idaho Co. - Idaho
(City and State or Country)

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Stillborn } at 2:30 P.M.
on the date above stated.

(Signature)

J. M. Verberkuns
Physician

(Physician or midwife)

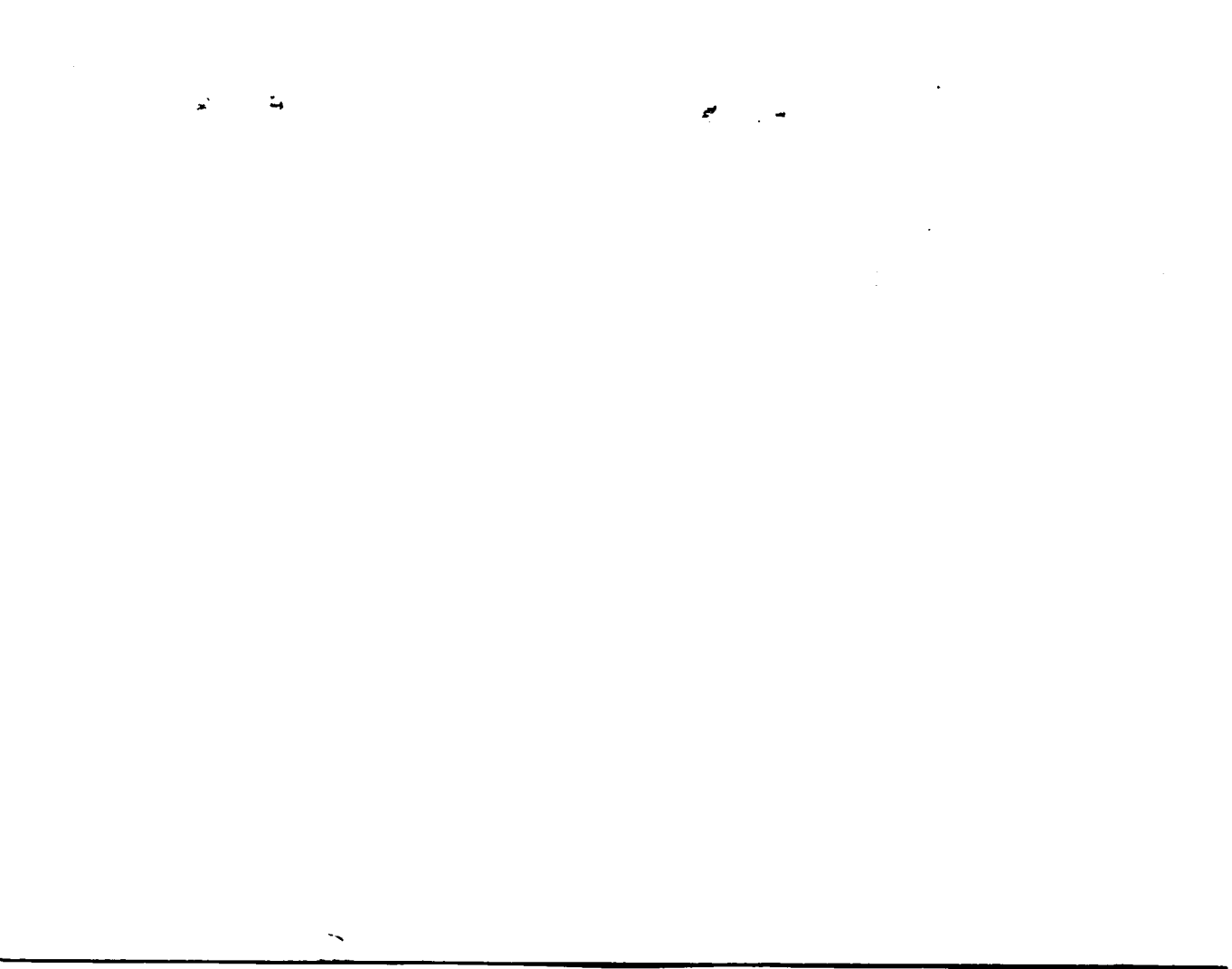
Address

Kootenai - Idaho

Filed Oct-1 1931

J. M. Verberkuns
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instruction on back of certificate.

RECEIVED OCT 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 76588

PLACE OF DEATH
County of Idaho
City of Idaho

Registration District No. 106
Primary Registration District No. 2184

Local Registrar's No. 217

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stella Ruth Jones about Mrs. Yale

(a) Residence. No. _____ St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho - Idaho
(State or country)

10. NAME OF FATHER Ralph W. Jones

11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Mable Graham

13. BIRTHPLACE OF MOTHER (city or town) Idaho Co - Idaho
(State or Country)

14. Informant Ralph W. Jones
(Address) Idaho

15. Filed Oct 1, 1931 J. M. Verbeekman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept - 3 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

not determined

_____, (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

_____, (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. M. Verbeekman M. D.
Sept. 3, 1931 (Address) Kootenai Id.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pringle Cemetery Date of Burial Sept. 3 1931

20. Undertaker _____ Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Munidoka
City of Rupert
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

194963

Registration District No. 19 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2015 Local Registrar's No. 141

FULL NAME OF CHILD Stella born
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>boy</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Date of birth <u>10</u> <u>1</u> <u>1931</u> (Month) (Day) (Year)
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 11 (a) Born alive and now living 10

Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>Edwards Blocker</u> Residence (Usual place of abode) <u>Rupert</u> If non-resident, give place and State <u>Ida</u> Color or race <u>white</u> Age at last Birthday <u>43</u> (Years) Birthplace <u>Russia</u> (City and State or County) Occupation <u>farmer</u>	MOTHER FULL MAIDEN NAME <u>Margaret Dietz</u> Residence (Usual place of abode) <u>Rupert</u> If non-resident, give place and State <u>Ida</u> Color or race <u>white</u> Age at last Birthday <u>42</u> (Years) Birthplace <u>Russia</u> (City and State or County) Occupation <u>house wife</u>
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 a M.
on the date above stated.

(Signature) Layne H. Kenagy

(Physician or midwife)

Address Rupert

Filed 10/1 1931 Edith Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STAFF STATE

14-00000

City of _____
County of _____
No. _____
(If born in hospital or institution
give name)

UNITED STATES OF AMERICA

b6
b7C

Subject
Also to
()

1 of 12

1984
1985

.....
.....
.....

44

What prophylactic was used to prevent Ophthalmia Neonatorum?

... of this matter, including present situation, (b) born alive and now living

RECEIVED
JAN 19 1964
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

NAME
ADDRESS
CITY

HENTON

المجلس الأعلى للدراسات والبحوث

Mr. and Mrs. J. H. Smith, 1234 Main St., New York, N. Y.

... 1949 201 (4-1-1)

00489373

.....

CREATING A NEW WORLD OF OPPORTUNITY

DELETED SUBJECT

SECRET

I hereby certify that I attended the birth of this child, who was

of the late 1940s and 1950s.

10113427

~~Classification of material~~

249100A

1. ...

အသံအသံ

"There were no attending physicians or midwives, then the father, householder, or stillborn child, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

1. The first of these is the fact that the majority of the population of the United States is now living in urban areas. This is a result of the process of urbanization, which has been going on since the beginning of the 20th century. The process of urbanization is the movement of people from rural areas to urban areas. This is a result of the fact that urban areas offer more opportunities for employment and education. The process of urbanization has led to the growth of large cities and the decline of small towns. This has led to the concentration of the population in a few large urban areas. This is a result of the fact that urban areas offer more opportunities for employment and education. The process of urbanization has led to the growth of large cities and the decline of small towns. This has led to the concentration of the population in a few large urban areas.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

231-112 035 335
PLACE OF BIRTH

County of My. Purce
City of Lewiston
No. St. Joseph St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Stafford

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of birth <u>Sept. 12</u> 19 <u>37</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 6 Stillborn One

FULL NAME <u>N. L. Stafford</u>	FATHER	FULL MAIDEN NAME <u>Hattie Cleveland</u>	MOTHER
---------------------------------	--------	--	--------

Residence (Usual place of abode) Lewiston Idaho

It non-resident, give place and State Ida.

Color or race White Age at last Birthday 37 (Years)

Birthplace Missouri (City and State or County)

Occupation Banking

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 3:25 P. M. on the date above stated.

(Signature) O. C. Carson

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Lewiston Ida.

Filed 10-3- 1937 J. M. Lyle

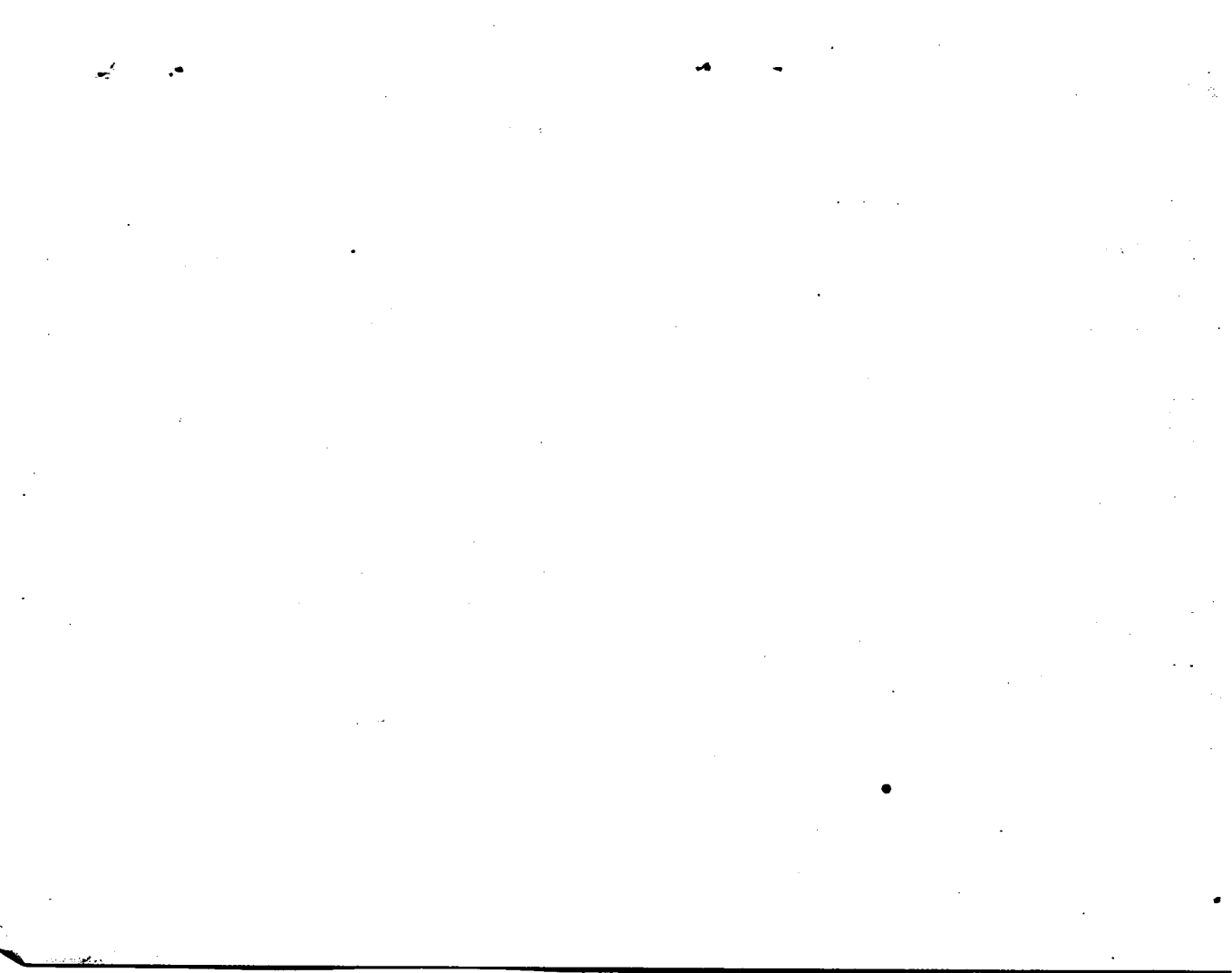
Registrar.

RECEIVED OCT 8 1937
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 194985

Registration District No. 96 State File No. 1009

Prim. Registration District No. 1009 Local Registrar's No. 1009



RECEIVED OCT 13 1931
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76660

PLACE OF DEATH

County of Nez PerceCity of Lewiston

CERTIFICATE OF DEATH

Registration District No. 94Primary Registration District No. 1009(No. St Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant son of Mr Mrs H.L. Stafford(a) Residence. No. Summit Idaho St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 12 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Lewiston Idaho
(State or country)

10. NAME OF FATHER

H.L. Stafford11. BIRTHPLACE OF FATHER (city or town) Idaho
(State or Country)12. MAIDEN NAME OF MOTHER Hattie Cleveland13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant H.L. Stafford
(Address) Summit Idaho15. Filed 9-16-31 J. M. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 12 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY That I attended deceased from Sept 12 31 1931 to Sept 12 31 1931
that I last saw him alive on Sept 12 31 1931
and that death occurred, on the date stated above, at Stellborn m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stellborn

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Was there an autopsy? NoWhat test confirmed diagnosis? (Signed) D. C. Carssow, M. D.Sept 15 31 1931 (Address) Lewiston Idaho19. Place of Burial, Cremation, or Removal Gifford Idaho Date of Burial Sept 18 193120. Undertaker Vassar Mortuary Inc Address Lewiston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer Farm laborer. Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee
City of Grand View
No. _____ St. _____

RECEIVED OCT 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

195034

CERTIFICATE OF BIRTH

Registration District No. 74 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2151 Local Registrar's No. 194

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ { and } Number in order of birth _____	Legitimate? Yes _____	Date of Birth <u>Sept. 29</u> 19 <u>31</u> (Month) (Day) (Year)
(To be answered only in event of plural births)			

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

Number of child of this mother, including present birth. 1 (a) Born alive and now living. _____
Born alive but now dead. _____ Stillborn 1

FATHER	MOTHER
FULL NAME <u>Nelson Lee Gress</u>	FULL MAIDEN NAME <u>Jennie Louise Russell</u>
Residence (Usual place of abode) <u>Grand View</u>	Residence (Usual place of abode) <u>Grand View</u>
If non-resident, give place and State. _____	If non-resident, give place and State. _____
Color or race <u>white</u> Age at last Birthday <u>21</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>20</u> (Years)
Birthplace <u>Grand View, Idaho</u> (City and State or County)	Birthplace <u>Tabor, Alberta, Canada</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

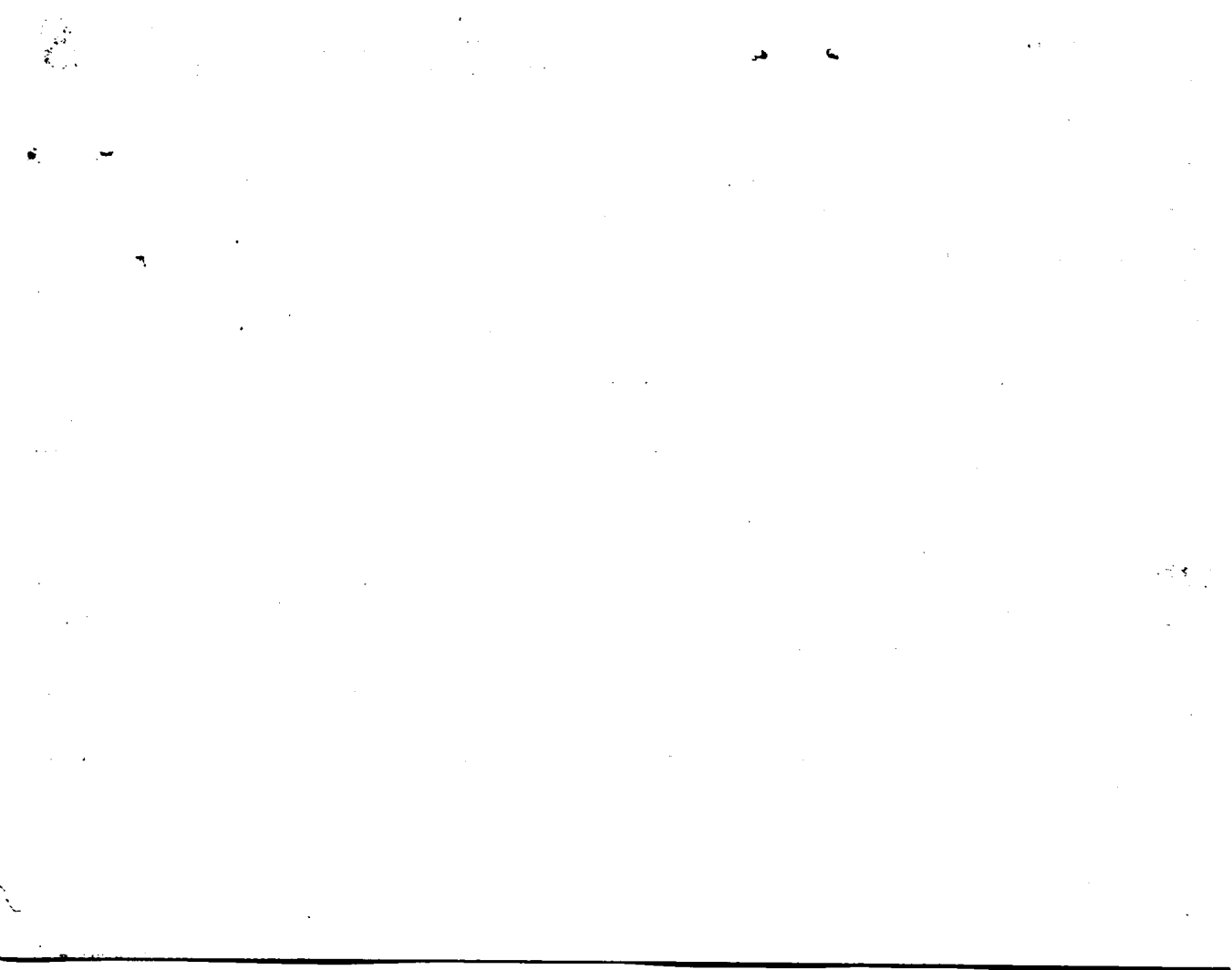
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 11:50 P. M.
on the date above stated.

(Signature) Wm. J. Eckenbech, M.D.
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Grand View, Idaho
Filed Oct 5 1931 W. J. Eckenbech
Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **76665**

PLACE OF DEATH

County of Owyhee
City of Grand View

Registration District No. 74
Primary Registration District No. 2151

Local Registrar's No. 71

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth

(a) Residence. No. St.
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 29th, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Grand View, Idaho
(State or country)

10. NAME OF FATHER Nelson Lee Gress

11. BIRTHPLACE OF FATHER (city or town) Grand View, Idaho
(State or Country)

12. MAIDEN NAME OF MOTHER Jennie Louise Russell

18. BIRTHPLACE OF MOTHER (city or town) Tabor, Alberta, Canada
(State or Country)

14. Informant Nelson Lee Gress
(Address) Grand View, Idaho

15. Filed Oct 5 - 1931 W. J. Ekenbush
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Sept. 29th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw h..... alive on 19.....
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Stillbirth
Breech Presentation, full term
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wm. J. Ekenbush, M. D.
Sept. 30, 1931 (Address) Grand View

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Grand View Date of Burial Sep. 30 1931

20. Undertaker None Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Quinn Falls
City of Buhl
No. _____ St. _____

295 718 042 845
(If born in hospital or institution
give name.)

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 State File No. _____
Prim. Registration District No. 2087 Local Registrar's No. _____

S195132

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>m</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Sept 18</u> 19 <u>31</u> (Month) (Day) (Year)
-----------------------	---	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living 0
Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME Clarence E King
Residence (Usual place of abode) Buhl Ida
If nonresident, give place and State _____
Color or race wh Age at last Birthday 27 (Years)
Birthplace Idaho
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Beta Hunt
Residence (Usual place of abode) Buhl Ida
If nonresident, give place and State _____
Color or race wh Age at last Birthday 23 (Years)
Birthplace Oregon
(City and State or Country)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

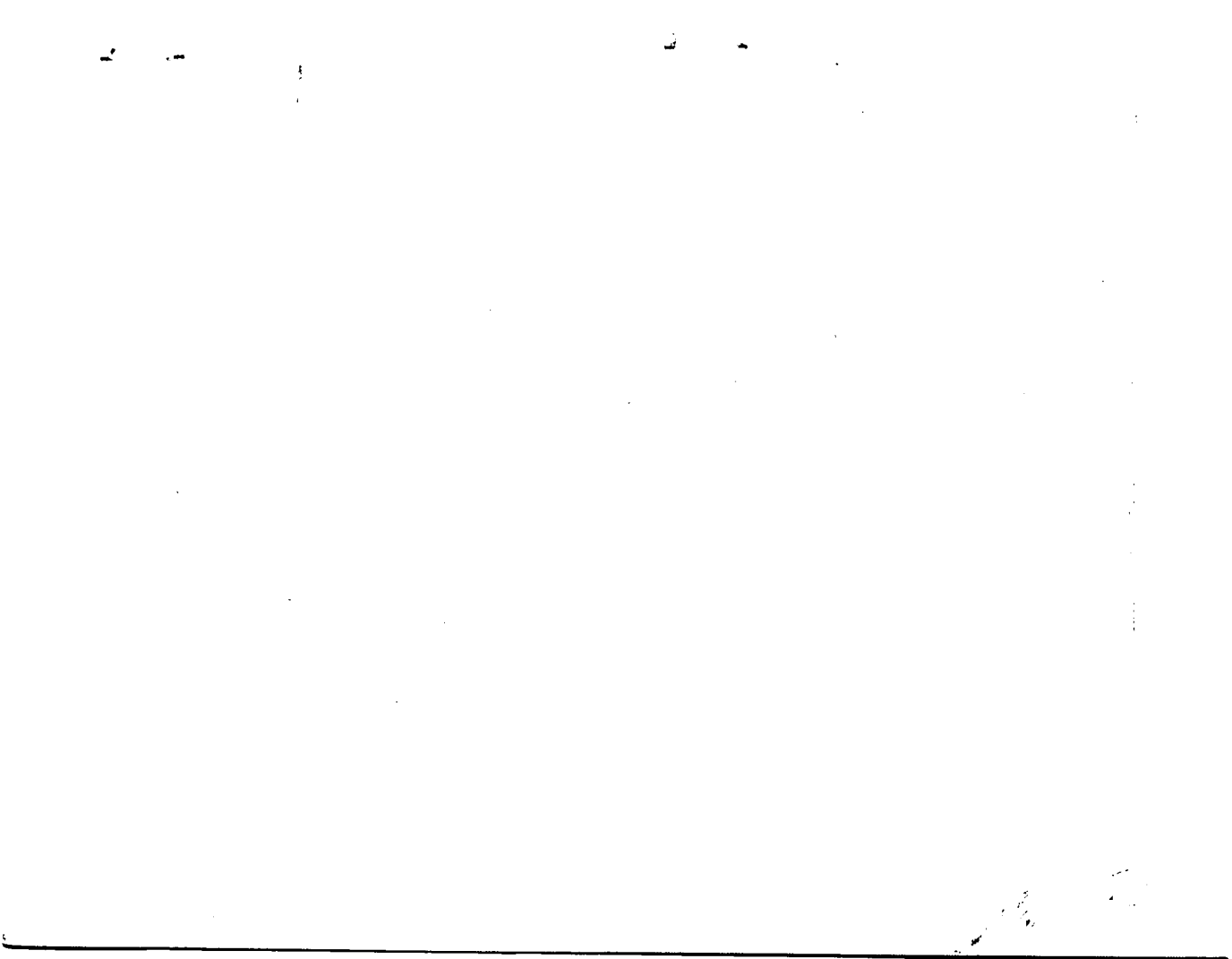
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 2:30 P. M.
on the date above stated.

(Signature) E. L. Berryman
Buhl Ida
(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address _____

Filed 9-25 1931 J. H. Murphy
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH
County of Lincoln
City of Buhl

Registration District No.
Primary Registration District No. 2087
(No., St.)

File No. 76694
Registered No.

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED
(Write the word.)

6. DATE OF BIRTH 9-18-31
(Month) (Day) (Year)

7. AGE 0 Yrs. 0 Mos. 0 ds. IF LESS than 1 day how many 0 hrs. or 0 min.?

8. OCCUPATION
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE Buhl Ida
(State or Country)

10. NAME OF FATHER Clarence E. King

11. BIRTHPLACE OF FATHER Ind.
(State or Country)

12. MAIDEN NAME OF MOTHER Ireta Hunt

13. BIRTHPLACE OF MOTHER Oregon
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ireta King
(Address) Buhl Ida

15. Filed Sept 25 1931 J. H. Warplum
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 18 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 18 1931 to Sept 18 1931
that I last saw him alive on Sept 18 1931
and that death occurred on the date stated above, at 7:30 M.
The CAUSE OF DEATH* was as follows:

Dysentery due to dysproportion of
sig. of child and birth canal.
Proch delivery - short umbilical
cord. (Duration) Yrs. mos. ds.

Contributory (Secondary)

(Signed) E. F. Barry M. D.
9-18-31 (Address) Buhl Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days.

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Robert W. W. Farm DATE OF BURIAL 9-18 1931

20. UNDERTAKER none ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Washington
City of Pikes
No. 15 E. Sullivan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **195159**

Registration District No. 86 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1010 Local Registrar's No. 31

FULL NAME OF CHILD Stillbirth Nelson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Aug 24</u> <u>1931</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 12 (a) Born alive and now living 9

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>Frances Nelson</u>	MOTHER FULL MAIDEN NAME <u>Mertha A. B. Alhoon</u>
---	---

Residence (Usual place of abode) Pikes, Ida

If non-resident, give place and State _____

Color or race White Age at last Birthday 55 (Years)

Birthplace Manti, Utah (City and State or County)

Occupation farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at P M.
on the date above stated. (Signature) J. M. Halphouse
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address W. R. Hamilton

Filed Oct 9 1931 W. R. Hamilton
Registrar.

DEAR MR. FARMINGTON: A RE GHT—NOT DISGUSTED; HAVE BEEN IN GREATLY
abridged from the original, and a little bit of the original is given to you of—
I hope you will be able to get the original and have it all.

There is no other evidence of the fact that the defendant was not the father of the child.

HTHKK 90 24,14

County of
City of

10-1-68

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-1-68 BY SP-6 JRS/STP

DATE: 11/11/1964

[illegible]

Number
in order
of birth
(not in order of birth)

-Hingel
 -Hingel

to call
did

(11) If stillborn, substitute the word "stillborn" for name of child.

Prevent Epidemic? - (continued)

(a) ... and now living

... 1946 200 100 500 1000

1719

back to study hard & work hard

It was found that the

1961-1962

.....

[illegible]

STATE OF ATTENDING PROSECUTOR

SECRET

1. In my cell, I was told that I was the first of this kind, and was

(21) 1954

44-38861-100

Registration

WHILE FILLING WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

RECEIVED NOV 6 1931
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195261

County of Boise
City of Boise
No. St. Riches St.

(If born in hospital or institution
give name.)

Registration District No. 2 State File No. 1004

Prim. Registration District No. 1004 Local Registrar No. 1004

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of
Child

Twin
Triplet
or other?

{ and }

Number
in order
of birth

Legiti-
mate?

Date of
birth

(Month)

(Day)

(Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth

(a) Born alive and now living

Born alive but now dead

Stillborn

FULL
NAME

FATHER

FULL
MAIDEN
NAME

MOTHER

Residence (Usual place of abode)

Residence (Usual place of abode)

If non-resident, give place and State

If non-resident, give place and State

Color or race

Age at last Birthday (Years)

Color or race

Age at last Birthday (Years)

Birthplace

(City and State or County)

Birthplace

(City and State or County)

Occupation

Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was
on the date above stated.

☒ Born alive

☐ Stillborn

at 7 30 A. M.

(Signature)

(Physician or midwife)

Address

Filed 10-6 1931

W. N. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
COUNTY OF BLAINE
FILE NO. 12345
IN RE: THE ESTATE OF JOHN DOE
DECEASED
JAMES SMITH, Plaintiff
vs.
JOHN DOE, Defendant
This is a bill of particulars filed by the Plaintiff in support of his claim for damages against the Defendant. The bill is filed pursuant to the provisions of the Idaho Code, which require a plaintiff to file a bill of particulars within a certain time after the filing of a complaint. The bill sets forth the items of damage claimed by the Plaintiff and the amount of each item. The Defendant is required to file a bill of particulars in response to this bill, setting forth the items of damage claimed by the Defendant and the amount of each item. The bill is filed for the purpose of clarifying the issues in the case and facilitating the trial of the case.

Where there was no attending physician or midwife, then the father, husband, etc. should make this return. A bill of particulars is one that neither prescribes nor shows other evidence of the after birth.

I hereby certify that I attended the birth of this child, who was delivered on the date above stated.

(Signature)

at _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Occupation _____
Date and place of birth _____
Color of hair _____
Color of eyes _____
Place of birth _____
Residence (last place of birth) _____

NAME _____
Born alive and now dead _____
Whether a child of this mother, including previous births _____
(a) Born alive and now living _____

What prophylactic was used to prevent Ophtalmic Neonatorum?

Sex of child _____
Date of birth _____
Place of birth _____
Time of birth _____
Weight of child _____
Length of child _____
Circumference of head _____
Circumference of chest _____
Circumference of arm _____
Circumference of leg _____
Circumference of foot _____
Circumference of hand _____
Circumference of wrist _____
Circumference of ankle _____
Circumference of neck _____
Circumference of waist _____
Circumference of hips _____
Circumference of chest _____
Circumference of arm _____
Circumference of leg _____
Circumference of foot _____
Circumference of hand _____
Circumference of wrist _____
Circumference of ankle _____
Circumference of neck _____
Circumference of waist _____
Circumference of hips _____

FILE NAME OF CHILD

(If born in hospital or institution give name)

Registration District No. _____
Birth Record Book Number _____

State File No. _____

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH AND WELFARE
STATE OF IDAHO

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

76442

State File No.

PLACE OF DEATH

County of AdaCity of Boise.Registration District No. 2Primary Registration District No. 1004Local Registrar's No. 270(No. St. Lukes Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Jantz.(a) Residence. No. 3 Miles West of Boise. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) September. 26. 1931

7. AGE Years Months Days If LESS than 1 day,
hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise, Idaho.
(State or country)10. NAME OF FATHER Rudolph Jantz.11. BIRTHPLACE OF FATHER (city or town) Poland.
(State or Country)12. MAIDEN NAME OF MOTHER Caroline Rice.13. BIRTHPLACE OF MOTHER (city or town) Austria.
(State or Country)14. Informant Rudolph Jantz.
(Address) R.D. # 1. Boise, Idaho.15. Filed 9-29, 1931 W. H. Rhodes
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Sept 27 26 31
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

that I last saw him alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Stillborn.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Rhodes M. D.Sept 29, 1931 (Address) Boise, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Morris Hill Cemetery. Sept. 28. 31.

20. Undertaker Address

Summers & Krebs, Boise, Idaho.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

RECEIVED OCT 26 1931
Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 195347

County of Bonneville

City of Tanner Id.

Registration District No. 46

File No. _____

No. _____ St. _____

Primary Registration District No. 3125

Registered No. 9

Hospital _____

FULL NAME OF CHILD

Shel Borne

Sex of Child <u>Male</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legiti mate? <u>yes</u>	Date of Birth <u>Sep 25th 1931</u> (Month) (Day) (Year)
--------------------------	------------------------------	-----------	--------------------------------	-------------------------	--

FULL NAME FATHER Harry B Kingley

RESIDENCE St. Maries, Idaho

COLOR White AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE State of Washington

OCCUPATION Fireman

FULL MAIDEN NAME MOTHER Josephine H. Smith

RESIDENCE St. Maries, Idaho

COLOR White AGE AT LAST BIRTHDAY 31
(Years)

BIRTHPLACE State of Washington

OCCUPATION House-Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

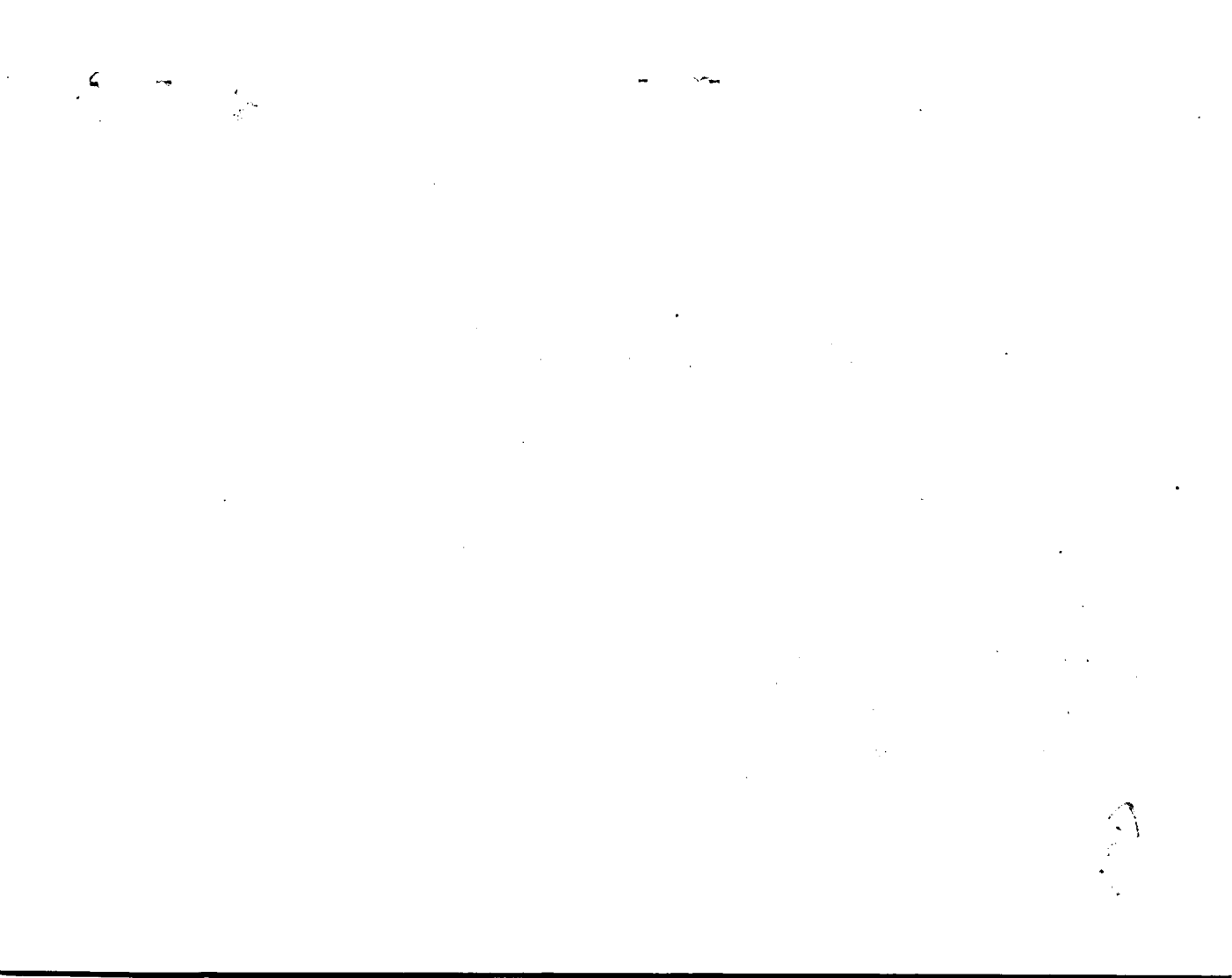
I hereby certify that I attended the birth of this child, who was Shel Borne at 9 A M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Harrington, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Arley, Idaho
Filed 10/8 1931 St. E. Jaeger
Registrar



FORM V. S. No. 4-45-26-1-18

DEC. 1 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Bannock
City of Plummer IdaRegistration District No. 46Primary Registration District No. 2133

(No. _____, _____ St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Not NamedFile No. 77138

Registered No. _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Infant
(Write the word.)

6. DATE OF BIRTH

Sep - 25th 1931
(Month) (Day) (Year)

7. AGE

Yrs. Mos. ds.IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Plummer, Idaho

10. NAME OF FATHER

Harry B Kingsley

11. BIRTHPLACE OF FATHER

(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Smith

13. BIRTHPLACE OF MOTHER

(State or Country) Iowa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Harry B Kingsley
Plummer, Idaho
G. J. Huntington
Idaho15. Filed Oct. 30 1931R. G. Rogers
Local Registrar

DATE OF DEATH

Still BirthSep 25th

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19____, to 19____

that I last saw him alive on 19____

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Still Birth of InfantMother was Injured

(Duration) Yrs. mos. ds.

Contributory carelessness
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

1931

(Address)

J. J. Huntington M. D.
Idaho

*State the Disease Causing Death; or in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Worley Ida

DATE OF BURIAL

9-26-1931

20. UNDERTAKER

None

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED NOV 7 1931

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 195436

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, Idaho
No. _____ St. _____
L.D.S. Hospital
(If born in hospital or institution give name.)

Registration District No. 73 State File No. _____
Prim. Registration District No. 2117 Local Registrar's No. 417

2. FULL NAME OF CHILD Stillborn Owens

3. Sex Male	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? Yes	8. Date of birth <u>Oct. 17</u> , 1931 (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term Yes		
9. Full name <u>Reed Owens</u> FATHER			18. Full maiden name <u>Nelda Montague</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>R#7 Idaho Falls</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>R#7 Idaho Falls</u>		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>21</u> (years)			21. Age at last birthday <u>19</u> (years)		
13. Birthplace (city or place) (State or country) <u>Iona, Idaho</u>			22. Birthplace (city or place) (State or country) <u>Woodville, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
	16. Date (month and year) last engaged in this work <u>At present</u> , 19____			25. Date (month and year) last engaged in this work <u>At present</u> , 19____	
		17. Total time (years) spent in this work <u>5 yrs.</u>	26. Total time (years) spent in this work _____		

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 { months 3 weeks 3 } 29. Cause of stillbirth asphyxiation due to umbilical cord about neck

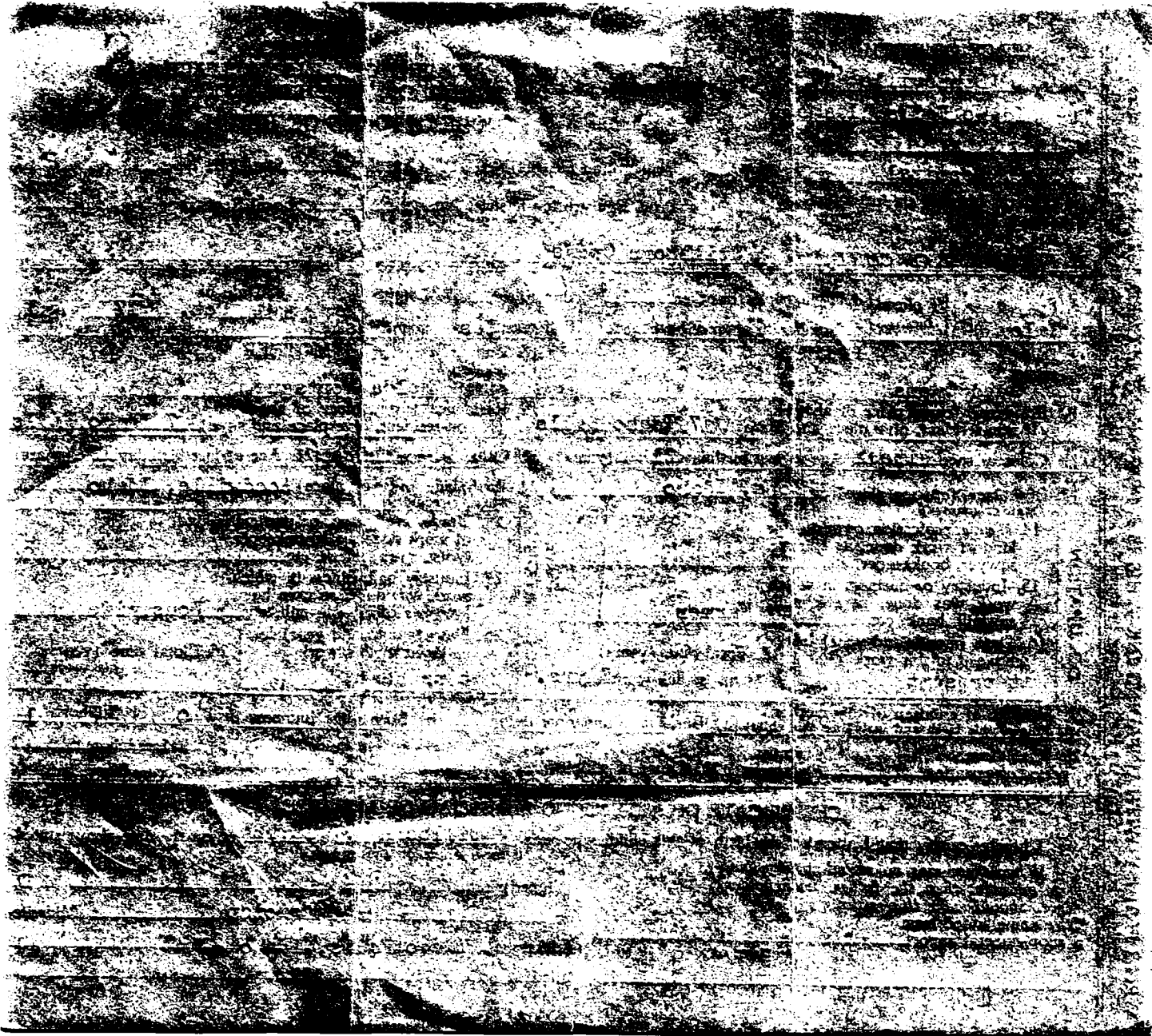
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:12 A.M. on the date above stated.
(BORN ALIVE OR STILL BORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____ (DATE OF) _____

(Signed) _____, M. D.
or _____, Midwife
Address Idaho Falls, Idaho
Filed Oct 19, 1931, _____ Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-19.

RECEIVED NOV 7 1931

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Bonville*
City of *Idaho Falls*Registration District No. *73*
Primary Registration District No. *2110*
(No. _____) (St. _____)State File No. *76834*
Local Registrar's No. *203*

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Still born Owens

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

*White**Infant*
(Write the word)

6. DATE OF BIRTH

Oct 17 1931
(Month) (Day) (Year)

7. AGE

*Three months*IF LESS than 1 day how many
hrs. or min.?

Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *Idaho Falls, Id.*

10. NAME OF FATHER

Reed Owens

11. BIRTHPLACE OF FATHER

(State or Country) *Idaho, Idaho*

12. MAIDEN NAME OF MOTHER

Nelda Montague

13. BIRTHPLACE OF MOTHER

(State or Country) *Woodville, Idaho*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Reed Owens*
(Address) *Idaho Falls*

15.

Filed

Oct 23

1931

Stillborn

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 17 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Oct 17 1931* to *Oct 17 1931*, that I last saw him alive *Oct 17 1931*, and that death occurred on the date stated above, at *12:30 P.M.*

The CAUSE OF DEATH* was as follows:

Asphyxiation due to cord wrapped about baby's neck
(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) *J. M. D.*
1931 (Address) *Idaho Falls*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

*Idaho Falls*DATE OF BURIAL *Oct 23 1931*

20. UNDERTAKER

name

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Memorial Park St.

(If born in hospital or institution
give name.)

Registration District No. 3 State File No. 195492

Prim. Registration District No. 2005 Local Registrar's No. 174

FULL NAME OF CHILD Stillbirth

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mated <u>yes</u>	Date of birth <u>Sept 27</u> 19 <u>31</u> (Month) (Day) (Year)
-----------------------	---	--------------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? —

Number of child of this mother, including present birth one (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME Lyle B. Hester

Residence (Usual place of abode) Caldwell, Idaho

If nonresident, give place and State —

Color or race W Age at last Birthday 22 (Years)

Birthplace Colorado (City and State or Country)

Occupation gen. laborer CO.

MOTHER
FULL MAIDEN NAME Thelma Morgan

Residence (Usual place of abode) Wilda, Idaho

If nonresident, give place and State K

Color or race W Age at last Birthday 21 (Years)

Birthplace Kansas (City and State or Country)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 3 P. M.
on the date above stated. { Stillborn }

(Signature) M. Montgomery 2nd

(Physician or midwife)

Address Caldwell, Idaho

Filed 10-13-1931 John S. Myers Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76540

PLACE OF DEATH

County of Canyon
City of Caldwell

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 2005
(No. Memorial Park Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Lyle Hester Jr(a) Residence. No. Wilder Idaho St. (Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) 9-27-317. AGE Years Months Days If LESS than 1 day,
- - - - - 1 hrs. or
min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Caldwell Ida
(State or country)10. NAME OF FATHER Lyle G. Hester11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Colorado12. MAIDEN NAME OF MOTHER Thelma Morgan13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Kansas14. Informant Lyle G Hester
(Address) Wilder Idaho15. Filed 9-28-1931 John B. Meigs
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Sept 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
Sept 26 1931, to Sept 27 1931
that I last saw her alive on Sept 27 1931
and that death occurred, on the date stated above, at _____ m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:contracted pelvic
7 mother requiring
instrumental delivery
& intracranial hemorrhage
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. Morgan
_____, 19____ (Address) _____19. Place of Burial, Cremation, or Removal Wilder Ida Cemetery Date of Burial 9-28-31 193120. Undertaker Paul L. Case Address Caldwell Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gordons
City of Hagerman

No. 258-129024, 299 St.

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195623

Registration District No. 21 State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Chas. Bessie Behrens
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u>1</u>	and	Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	Date of birth <u>9-29-</u> (Month) (Day) (Year) <u>1931</u>
(To be answered only in event of plural births)					

What prophylactic was used to prevent Ophthalmia Neonatorum? Ag 710s

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER FULL NAME <u>Thomas R. Behrens</u>	MOTHER FULL MAIDEN NAME <u>Ellen V. Bradley</u>
--	--

Residence (Usual place of abode) Hagerman, Ida

If nonresident, give place and State

Color or race white Age at last Birthday 24 (Years)

Birthplace Sawall, Oregon (City and State or Country)

Occupation Business

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P. M.
on the date above stated.

(Signature) J. W. MacMannus

(Physician or midwife)

Address Beulah, Ida

Filed Oct 3 1931 R. H. Greene MD
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 13 1960

JAN 25 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding
City of Gooding

No. St.

Gooding Co. Hospital
(If born in hospital or institution
give name.)

Registration District No. 24 State File No. 195630

Prim. Registration District No. 591 Local Registrar's No. 591

FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u>(To be answered only in event of plural births)</u>	{ and { Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>Oct. 23</u> 19 <u>31</u> (Month) (Day) (Year)
----------------------------	---	----------------------------------	------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 3 (a) Born alive and now living 2

Born alive but now dead none Stillborn 1

FATHER FULL NAME <u>Leo John Rice</u>	MOTHER FULL MAIDEN NAME <u>May Parker Hendry</u>
--	---

Residence (Usual place of abode) Fairfield Ida Fairfield Ida

If non-resident, give place and State White White

Color or race White Age at last Birthday 3 1/2 35
(Years) (Years)

Birthplace Farmington, Wash. Mt. Sterling Utah
(City and State or County) (City and State or County)

Occupation Garage man Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 4:10 P. M.
on the date above stated.

(Signature) Dornton E Snyder

(Physician or midwife)

Address Gooding 22a

Filed 10-31 1931 J H Cornwell

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

2

155530

DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION
WASHINGTON, D. C.

PLACE OR BIRTH

County of
State of

Registration District No.
Maiden Name

NAME OF CHILD

Sex of
Child

Height
Weight

Age
Date of Birth

Color of
Eyes

Color of
Hair

Color of
Skin

What treatment was used to prevent or relieve the condition?

Number of child of this mother including present birth

When alive but now dead

WEATHER

Illness

Birth

Death

Place of Birth

When born, give date and time

Color of face

Birthplace

Occupation

NAME OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Signature)

Address

Filed

There were no attending physician or midwife who attended the birth of this child, who was born on the date above stated.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD AS KEPT IN THE BUREAU OF INVESTIGATION, DEPARTMENT OF JUSTICE, WASHINGTON, D. C.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

State of Idaho
BUREAU OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Gooding
City of GoodingRegistration District No. 24

Primary Registration District No. _____

(No. _____ St.)

File No. 76922Registered No. 167

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Baby Rice

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WID-
OWED OR DIVORCEDSingle
(Write the word.)

6. DATE OF BIRTH

10 23 1931
(Month) (Day) (Year)

7. AGE

Still born

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Gooding Ida.

10. NAME OF FATHER

Leo J. Rice

11. BIRTHPLACE OF FATHER

(State or Country)

Washington

12. MAIDEN NAME OF MOTHER

Mary Parker Hendry

13. BIRTHPLACE OF MOTHER

(State or Country)

Utah

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. E. Snyder

(Address)

Gooding Ida.

15.

Filed 10-31-31 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

10 23 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

10-23 1931, to 10-23 1931that I last saw h. alive on Still bornand that death occurred on the date stated above, at X M.

The CAUSE OF DEATH* was as follows:

unknown

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Houston E. Snyder M. D.19 (Address) Gooding

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

RECEIVED NOV 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 195638

1. PLACE OF BIRTH
County of Gooding
City of Hagerman
No. 219-121-024 693 St.

Registration District No. 22 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Richard Milton Bardsley

3. Sex male If plural births { 4. Twin, triplet, or other one 5. Number, in order of birth _____
6. Premature _____ Full term ✓ 7. Legiti-
mate? yes 8. Date of birth Oct 21, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Naphtalene Milton Bardsley
10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman
11. Color or race white 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) Oklahoma

18. Full maiden name MOTHER Ruth Magdalene Wilson
19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman
20. Color or race white 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Rose Land New

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Oct 21, 1931

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation full term months or weeks 29. Cause of stillbirth Asphyxiation - Prolapsed Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:40 Pm. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

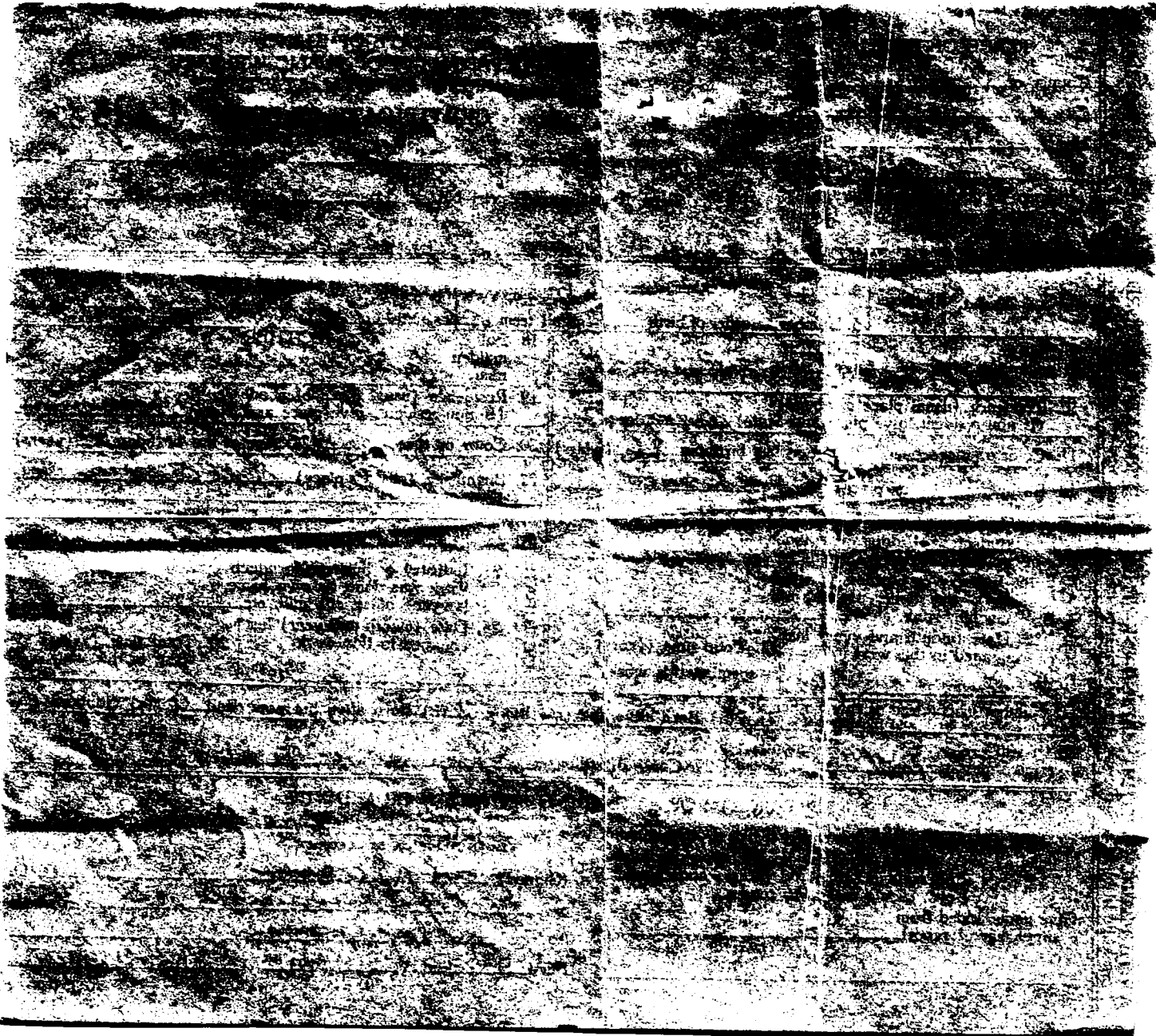
(Signed) R H Greene, M. D.
by R H Greene MD Midwife

Give name added from a supplemental report _____ (DATE OF)

Address Hagerman
Filed Oct 22, 1931 R H Greene MD

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED NOV 9 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

Registration District No. 21

County of *Garding*

Primary Registration District No.

City of *Hagerman*

(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Richard Milton Bardsley

File No.

76917

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single (the word.)

6. DATE OF BIRTH

Oct 21 1931
(Month) (Day) (Year)

7. AGE

Yrs. Mos. *0* ds.IF LESS than 1 day
how many *0* hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country)

Hagerman Idaho

10. NAME OF FATHER

Naphtali Bardsley

11. BIRTHPLACE OF FATHER

(State or Country)

Oklahoma

12. MAIDEN NAME OF MOTHER

Ruth Wilson

13. BIRTHPLACE OF MOTHER

(State or Country)

Roseland Mo

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

*R M Bardsley
Hagerman Idaho*

15.

Filed

*Oct 22 1931**R H Greene*

Local Registrar

16. DATE OF DEATH

Oct 21 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 21 1931 to Date 1931
that I last saw him *on* *Oct 21 1931*and that death occurred on the date stated above *before death*

The CAUSE OF DEATH* was as follows:

*Supposedly from pressure on
relaxate during labor*

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

R H Greene

M. D.

10-21-1931

(Address)

Hagerman

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Hagerman**Oct 22 1931*

20. UNDERTAKER

none

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc.; when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

RECEIVED NOV 1 1931

PLACE OF BIRTH

STATE OF IDAHO

S

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195652

County of Idaho
City of Kusko
No. _____ St. _____

Registration District No. 10 6 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 2184 Local Registrar's No. 576

FULL NAME OF CHILD

Shelbuck

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number of birth of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Oct 31</u> 19 <u>31</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 6 (a) Born alive and now living 5
Born alive but now dead none Stillborn one

FATHER
FULL NAME Harry L. Morgan
Residence (Usual place of abode) Kusko
If nonresident, give place and State _____
Color or race white Age at last Birthday 43 (Years)
Birthplace Forest Grove, Oregon
(City and State or Country)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Minnie LaRue
Residence (Usual place of abode) Kusko
If nonresident, give place and State _____
Color or race white Age at last Birthday 40 (Years)
Birthplace Hankston - South Dakota
(City and State or Country)
Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at _____ M.
on the date above stated. { Stillborn }

(Signature) J. M. Herbert

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Physician
(Physician or midwife)

Address Kusko, Idaho

Filed Nov 1 1931 J. M. Herbert
Registrar.

125525

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF ILLINOIS

Registration District No. 12

Registration District No. 12

DATE OF BIRTH

(If deceased, indicate the year of death)

DATE OF

DEATH

AGE

SEX

RACE

(To be returned only if cause of death is listed)

What prophylactic was used to prevent Ophtalmia Neonatorum?

How long after birth was the prophylactic used?

Color of eyes

FATHER

MOTHER

Residence (Care of spouse)

If deceased, give place and date

Place of birth

Birthplace (Care of spouse)

Occupation

DATE OF ATTENDING PHYSICIAN OR MIDWIFE

Signature of attending physician or midwife

Signature of attending physician or midwife

(Signature)

Address

Filed January 1911

*When there was no attending physician or midwife, then the father, mother, or another person who was a witness to the birth of the child is the best witness possible. Show with evidence of the above.

RECEIVED NOV 14 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **76928**

PLACE OF DEATH

County of IdahoCity of KassiaRegistration District No. 106Primary Registration District No. 2184Local Registrar's No. 326(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Oct 31 - 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER Harry L. Morgan11. BIRTHPLACE OF FATHER (city or town) (State or Country) Fort Smith, Oregon12. MAIDEN NAME OF MOTHER Minnie La Rue13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Idaho - S. D.14. Informant Harry L. Morgan
(Address) Kassia - Idaho15. Filed Nov 2, 1931 Jm Verbeekens
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Oct 31 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Full birth
Perforated Umbilical Cord Kissin performed
(duration) _____ yrs. _____ mos. _____ ds.CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Jm Verbeekens M. D.Nov 1 1931 (Address) Kassia - Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Ham's Ridge Cemetery Nov 2 1931

20. Undertaker Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Robert
No. _____ St. _____
Jones Emergency
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 195701

Registration District No. 98 State File No. _____
Prim. Registration District No. 2176 Local Registrar's No. 97

(Stillborn) Frank

2. FULL NAME OF CHILD

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct 29</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
9. Full name <u>Clarence Frank</u>			18. Full maiden name <u>Hazel Mills</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Local Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Local Idaho</u>		
11. Color or race <u>White</u>			20. Color or race _____		
12. Age at last birthday <u>26</u> (years)			21. Age at last birthday <u>18</u> (years)		
13. Birthplace (city or place) (State or country) _____			22. Birthplace (city or place) (State or country) <u>Lawrence Oklahoma</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Uniped Labor</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Ref</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>8</u> { months or weeks } Before labor _____ During labor _____					
29. Cause of stillbirth _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 A. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) Earl Jones, M. D.

or Polanski, Midwife

Address _____

Filed NOV 10 1931, 1931 A. B. B. B. B. Registrar.

Registrar.

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report _____
(DATE OF)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

869-229 034 543

PLACE OF BIRTH

County of Minnesota
City of Rupert
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH **195769**

Registration District No. 19 State File No. _____
(If born in hospital or institution
give name.) Prim. Registration District No. 2015 Local Registrar's No. _____

FULL NAME OF CHILD Barbara Lee York
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and {	Number in order of birth _____	Legiti- mate? <u>yes</u>	Date of birth <u>Oct. 29</u> <u>1931</u>
(To be answered only in event of plural births)					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 1

FULL NAME <u>Edgar P. York</u>	FATHER	FULL MAIDEN NAME <u>Ensla A. Nutting</u>	MOTHER
-----------------------------------	--------	--	--------

Residence (Usual place of abode) Rupert

If non-resident, give place and State _____

Color or race white Age at last Birthday 28 (Years)

Birthplace Illinois (City and State or County)

Occupation laborer

Color or race white Age at last Birthday 27 (Years)

Birthplace California (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 8:16 P. M.
on the date above stated.

(Signature) E. E. Elmore

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Rupert

Filed 10-2 1931 E. E. Elmore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instruction on back of certificate.

RECEIVED NOV 5 1931

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Minidoka</u>		CERTIFICATE OF DEATH		State File No. <u>76981</u>	
City of <u>Reupert</u>		Registration District No. <u>19</u>		Local Registrar's No. <u>546</u>	
Primary Registration District No. <u>2015</u>		(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Barbara Dean York</u>					
(a) Residence. No. _____		St. _____		(If nonresident give city or town and state)	
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) _____					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>0</u>	<u>0</u>	<u>Still</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (month and year) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>					
MOTHER	13. NAME <u>E. P. York</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Enola A. Nutting</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>California</u>				
17. INFORMANT <u>E. P. York</u> <u>Reupert Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Reupert Cem</u> Date <u>Oct 30, 1931</u>					
19. UNDERTAKER (Address) <u>Reupert Idaho</u>					
20. FILED <u>Nov 2, 1931</u> <u>E. H. Elmore</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct 29, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 28, 1931</u> , to <u>Oct 29, 1931</u>					
I last saw <u>deceased</u> , 1931: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Stillborn due to instrumental delivery</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>E. H. Elmore</u> , M. D.					
(Address) <u>Reupert Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

958-712-042-813
1. PLACE OF BIRTH
County of Twin Falls
City of Buhl, Ida.
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 195910

Registration District No. 39 State File No. _____
Prim. Registration District No. 2087 Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other 1 6. Premature 0 7. Legiti- 8. Date of birth 12 Oct - 1931
5. Number, in order of birth 3 Full term yes mate? yes (MONTH, DAY, YEAR)

9. Full name FATHER H. T. Reynolds 18. Full maiden name MOTHER Pauline Hallahan

10. Residence (usual place of abode) (If non-resident, give place and State) Buhl, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Buhl, Ida.

11. Color or race W 12. Age at last birthday 30 (years) 20. Color or race white 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) Independence, Kas. 22. Birthplace (city or place) (State or country) _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 12 Oct - 1931 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work 12 Oct - 1931 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Excessive adiposity Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was dead at 10 a.m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. W. MacMannus, M. D.

or _____, Midwife

Address Buhl, Idaho

Filed Oct 13, 1931 J. W. Murphy

Give name added from a supplemental report _____ (DATE OF)

Registrar.

Registrar.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]
RE: [Illegible]
[Illegible text follows in several paragraphs]

ADMINISTRATIVE DE MONTAGE

[Illegible text follows in several paragraphs]

ADMINISTRATIVE DE MONTAGE
[Illegible text follows]

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED DEC 5 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
195950

County of Ada
City of Meridian
No. 866 123001 851 St.

Registration District No. 11 State File No. 35

(If born in hospital or institution give name.)

Prim. Registration District No. 2003 Local Registrar's No. 35

2. FULL NAME OF CHILD Dwight Hoffman

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov. 23</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
9. Full name <u>Charles A. Hoffman</u>	FATHER		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Meridian, Idaho</u>	11. Color or race <u>W</u>		12. Age at last birthday <u>20</u> (years)		
13. Birthplace (city or place) (State or country) <u>Craig, Wyoming</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work		18. Full maiden name <u>Muriel L. Hendrick</u>		
19. <u>19</u>	20. Color or race		21. Age at last birthday <u>20</u> (years)		
22. Birthplace (city or place) (State or country) <u>Cler, Oklahoma</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn		
28. If stillborn, period of gestation { months or weeks	29. Cause of stillbirth <u>premature birth caused by chronic nephritis of mother</u>		Before labor During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8:50 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Neal, M. D.

or _____, Midwife

Give name added from a supplemental report

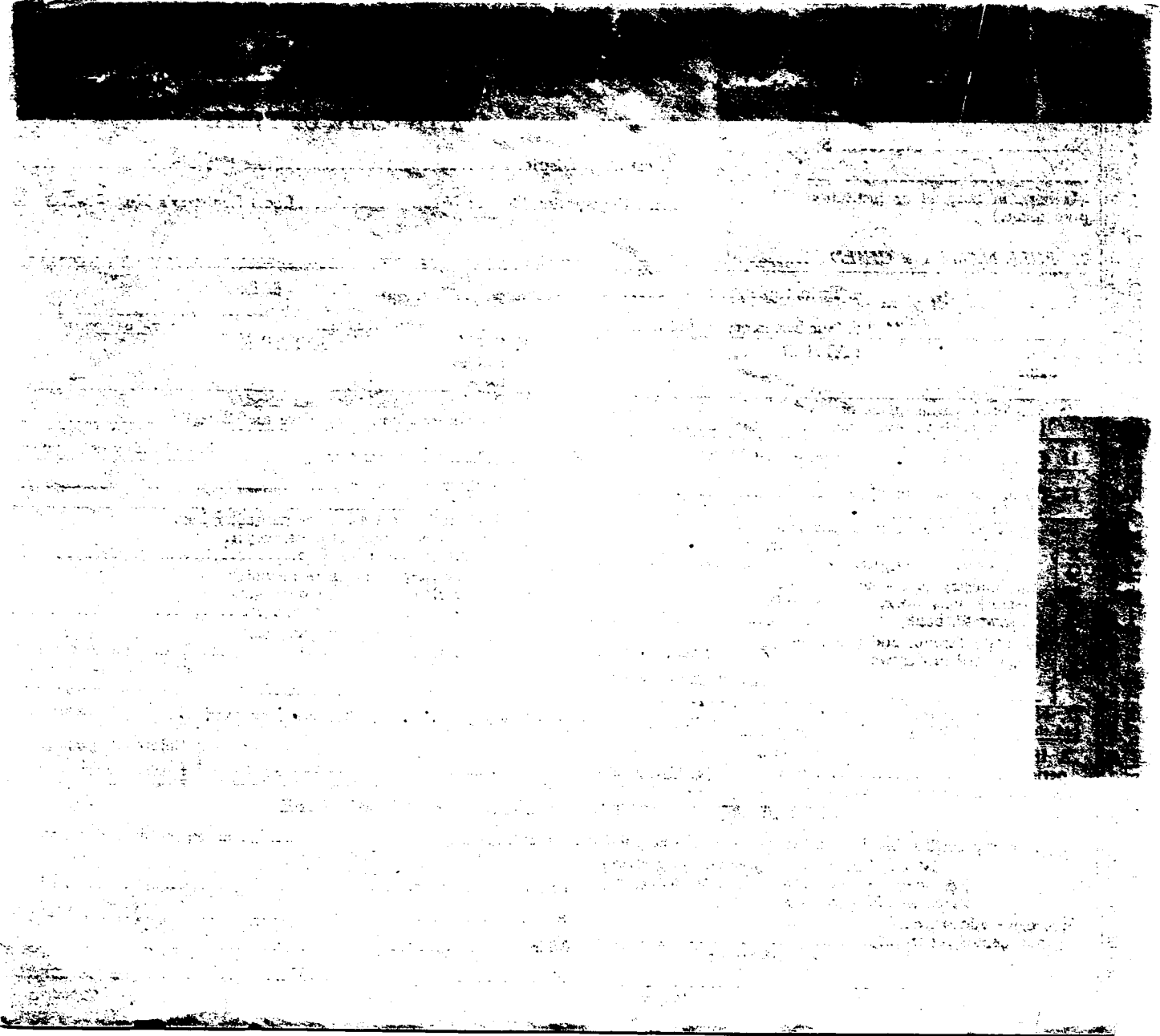
(DATE OF)

Address Meridian, Idaho

Filed Nov. 23, 1931

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **77097**

PLACE OF DEATH

County of Ada
City of Meridian

Registration District No. 11
Primary Registration District No. 2006

Local Registrar's No. 22

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dwight Hoffman

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) ✓
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) Nov 23 - 1931
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 1 1 1 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Meridian
(State or country) Idaho

10. NAME OF FATHER Charles A. Hoffman
11. BIRTHPLACE OF FATHER (city or town) Oragg
(State or Country) Wyoming
12. MAIDEN NAME OF MOTHER Muriel L. Headrick
13. BIRTHPLACE OF MOTHER (city or town) Cleo
(State or Country) Oklahoma

14. Informant Chas. A. Hoffman
(Address) Meridian Idaho

15. Filed 11-23, 1931
Registrar J. F. Neal

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 23, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1931, to Nov 23, 1931
that I last saw him alive on born dead, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
premature birth

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY chronic nephritis
(Secondary) mother
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted ✓
if not at place of death? _____
Did an operation precede death? ✓ Date of _____
Was there an autopsy? ✓
What test confirmed diagnosis? ✓
(Signed) J. F. Neal, M. D.
Nov 23, 1931 (Address) Meridian Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Meridian cemetery Date of Burial Nov 23 1931
20. Undertaker ✓ Address ✓

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County Boise
City of Boise

No. St. Alphonsus St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 2

Prim. Registration District No. 1004

State File No.

Local Registrar's No. 455

CERTIFICATE OF BIRTH

195962

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>F</u>	Twin Triplet or other? <u>and</u>	Number in order of birth	Legiti- mate? <u>44</u>	Date of birth <u>Oct. 27</u> 19 <u>31</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead Stillborn

FATHER FULL NAME <u>George Resgard</u>	MOTHER FULL MAIDEN NAME <u>Mary Ellen Holman</u>
Residence (Usual place of abode) <u>Emmet, Idaho</u>	Residence (Usual place of abode) <u>Emmet, Idaho</u>

If non-resident, give place and State	If non-resident, give place and State
Color or race <u>white</u> Age at last Birthday <u>29</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>25</u> (Years)
Birthplace <u>Emmet, Idaho</u> (City and State or County)	Birthplace <u>Fort Lupton, Colo</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 12:40 P. M. on the date above stated.

(Signature) H. E. Dedman M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 11-3 1931 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

And if you're in, don't go out again till you're out.

There are no other persons known to have been in contact with the subject or to have been in the vicinity of the subject's residence at the time of the murder.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of the child who was born on the _____ day of _____, 19____, at _____ (Address)	
Name of child _____ Sex of child _____ Date of birth _____ Time of birth _____ Place of birth _____ Name of mother _____ Name of father _____ Name of attending physician or midwife _____ Signature of attending physician or midwife _____ License No. _____ State _____ City _____ County _____ Zip _____ Telephone _____ Color of eyes _____ Color of hair _____ Color of skin _____ Birthplace _____ Date of birth _____ Time of birth _____ Place of birth _____ Name of mother _____ Name of father _____ Name of attending physician or midwife _____ Signature of attending physician or midwife _____ License No. _____ State _____ City _____ County _____ Zip _____ Telephone _____	Name of child _____ Sex of child _____ Date of birth _____ Time of birth _____ Place of birth _____ Name of mother _____ Name of father _____ Name of attending physician or midwife _____ Signature of attending physician or midwife _____ License No. _____ State _____ City _____ County _____ Zip _____ Telephone _____ Color of eyes _____ Color of hair _____ Color of skin _____ Birthplace _____ Date of birth _____ Time of birth _____ Place of birth _____ Name of mother _____ Name of father _____ Name of attending physician or midwife _____ Signature of attending physician or midwife _____ License No. _____ State _____ City _____ County _____ Zip _____ Telephone _____

NAME PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Idaho 819-107 001-235 Boise Idaho 1647 No 24th - St. Salvation Army Home (If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Hart

3. Sex Male If plural births 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 11-7, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Jack Hart 18. Full maiden name MOTHER Agnes Stewart

10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida 19. Residence (usual place of abode) (If non-resident, give place and state) Boise Ida

11. Color or race White 12. Age at last birthday 32 (years) 20. Color or race White 21. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or country) Switzerland Swis 22. Birthplace (city or place) (State or country) Scotland

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ignition worker 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home 20. Date (month and year) last engaged in this work 21. Total time (years) spent in this work at present, 1931

22. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 2 (c) Stillborn 1

23. If stillborn, period of gestation 9 mos { months or weeks } 24. Cause of stillbirth Hydrocephalus { Before labor Yes During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:17 p.m. on the date above stated. (BORN ALIVE OR STILLBORN)

(Signed) J. N. Branstetter, M. D. Midwife

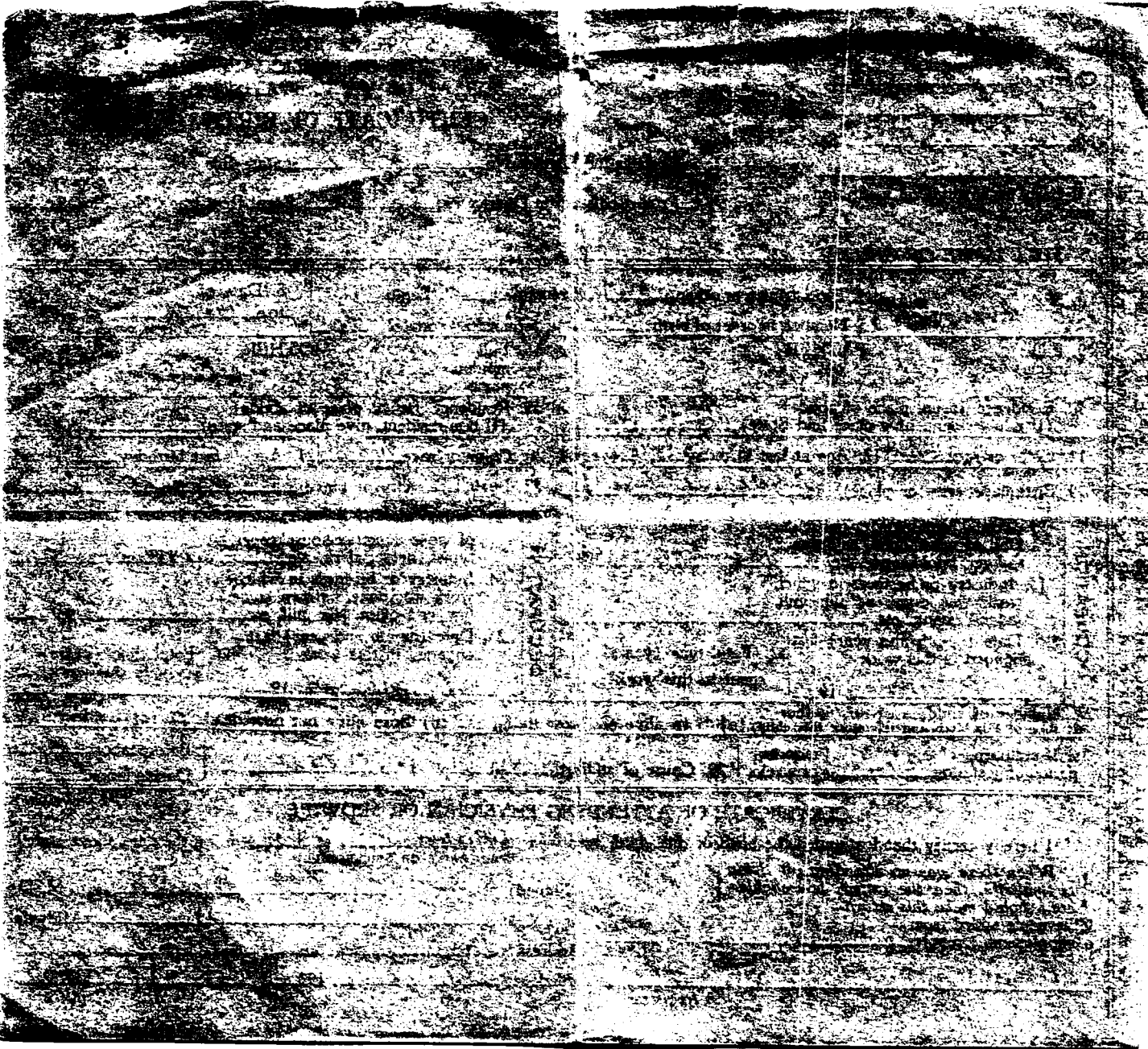
Address Boise Idaho

Filed 11-9, 1931 W. N. Rhodes Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. (DATE OF)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77078 State File No.	
County of <u>Ada</u>		Registration District No. <u>3</u>		Local Registrar's No. <u>305</u>	
City of <u>Boise</u>		Primary Registration District No. <u>1004</u>			
		(No. <u>Salvation Army Rescue Home</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Hart</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Nov. 7-1931</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>0</u>	
If LESS than 1 day, hrs. or min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Boise, Idaho</u> (State or country)					
13. NAME <u>Jack Hart</u>					
14. BIRTHPLACE (city or town) <u>Sweetland, Tex.</u> (State or country)					
15. MAIDEN NAME <u>Agnes Stewart</u>					
16. BIRTHPLACE (city or town) <u>Scotland</u> (State or country)					
17. INFORMANT <u>Jack Hart</u> (Address) <u>Boise, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>County Cemetery</u> Date <u>11/8/31</u> 1931					
19. UNDERTAKER <u>Wm. McBratney</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>11-9</u> , 1931 <u>W. H. Rhoades</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>11/7/31</u> 1931					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 7</u> , 1931, to <u>Nov 7</u> , 1931					
I last saw <u>deceased</u> on _____, 1931: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Hydrocephalus</u>					
<u>Pre-partum</u>					
<u>Still Born</u>					
Other contributory causes of importance:					
<u>Don't know</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>W. H. Rhoades</u> M. D.					
(Address) <u>Boise, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Barnock
City of Grace
No. _____ St.

RECEIVED DEC 5 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 196015

Registration District No. 84 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 960

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Harris

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 6. Premature ✓ 7. Legitimate? yes 8. Date of birth 11-2, 1931
(MONTH, DAY, YEAR)

9. Full name of FATHER Wm. M. Harris 18. Full maiden name of MOTHER Libby L. Latham

10. Residence (usual place of abode) Grace Ida 19. Residence (usual place of abode) Grace Ida
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 20 (years) 20. Color or race W. 21. Age at last birthday 18 (years)

13. Birthplace (city or place) Grace Ida 22. Birthplace (city or place) Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Still engaged 17. Total time (years) spent in this work 2 yrs 25. Date (month and year) last engaged in this work Still engaged 26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

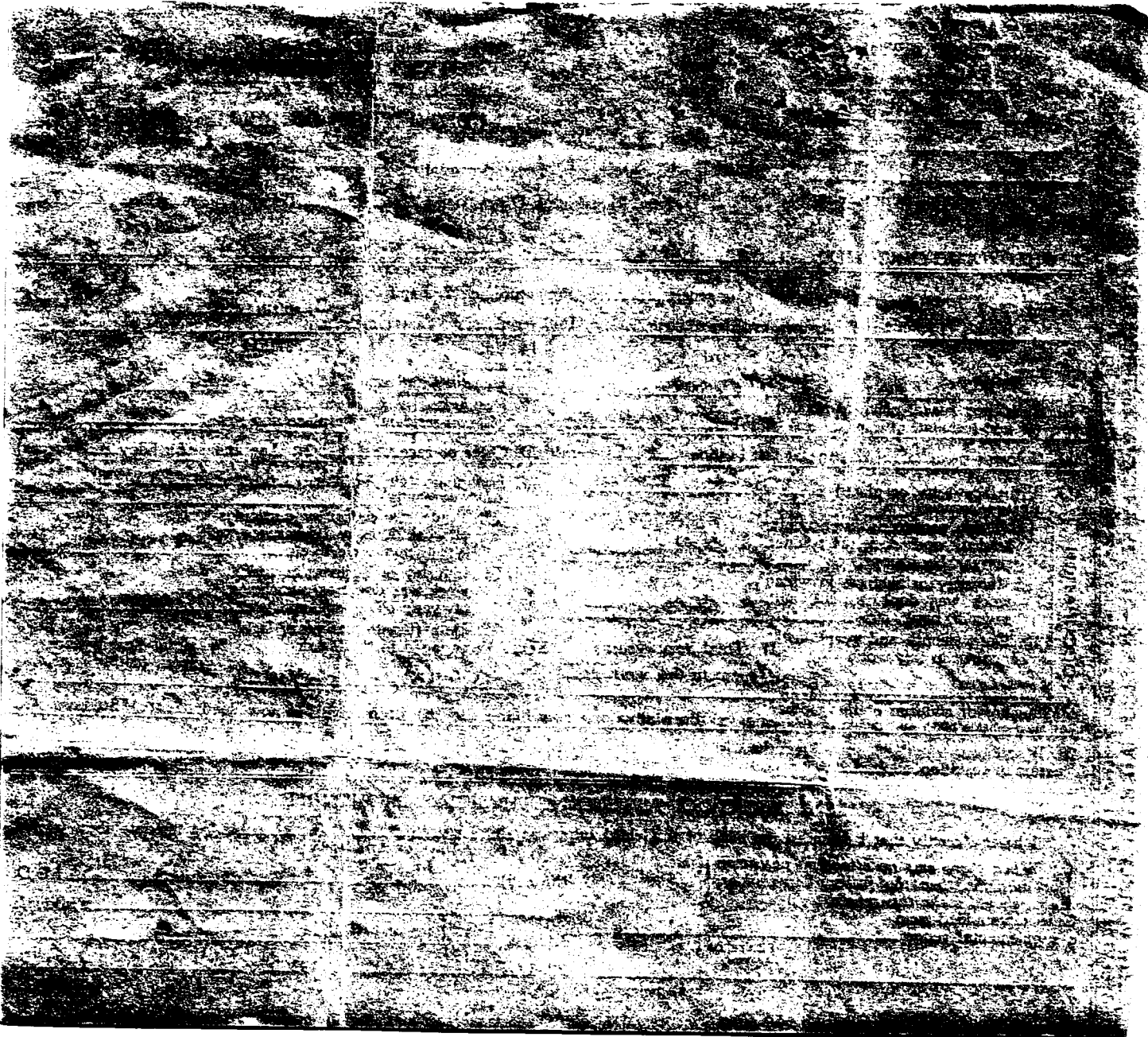
28. If stillborn, period of gestation 2 mo (months or weeks) 29. Cause of stillbirth un known Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 1:30 PM on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF)

(Signed) Boo James, M. D.
or _____, Midwife
Address Grace Ida
Filed Nov 30, 1931 Mrs. G. G. G. G.
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		RECEIVED JEC 5 1931	
PLACE OF DEATH		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		State File No. 77103	
BUREAU OF VITAL STATISTICS		Local Registrar's No. 235	
CERTIFICATE OF DEATH County of <u>Bennett</u> Registration District No. <u>84</u> City of <u>Grace</u> Primary Registration District No. <u>2161</u>			
(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Stillbirth Harrison</u>			
(a) Residence. No. _____ St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>11-7-31</u>			
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) _____		
	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Grace Ida</u>			
MOTHER	13. NAME <u>Wm. W. Harrison</u>		
	14. BIRTHPLACE (city or town) (State or country) <u>Grace Ida</u>		
	15. MAIDEN NAME <u>Libby L. Latham</u>		
	16. BIRTHPLACE (city or town) (State or country) <u>Idaho</u>		
17. INFORMANT <u>Mother</u> (Address) _____			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Idaho</u> Date <u>11-7</u> , 1931			
19. UNDERTAKER (Address) <u>Idaho</u>			
20. FILED <u>Nov 30</u> , 1931, <u>Mr. E. G. Fitt</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>11-7</u> , 1931			
22. I HEREBY CERTIFY, That I attended deceased from <u>11-7-31</u> , 1931, to <u>11-7-</u> , 1931			
I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at <u>1:30 PM</u> .			
The principal cause of death and related causes of importance were as follows:			
<u>Still born</u>			
<u>(un known)</u>			
Other contributory causes of importance: _____			
Name of operation _____ Date of _____			
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 1931			
Where did injury occur? _____ (Specify city or town, county, and State)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____			
If so, specify _____			
(Signed) <u>Dr. J. J. Fanning</u> M. D.			
(Address) <u>Grace Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Burn Lake
City of Fish Haven
No. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
196066

Registration District No. 52 State File No.
(If born in hospital or institution give name.)
Prim. Registration District No. 2.36 Local Registrar's No.
FULL NAME OF CHILD Stillborn
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Boy</u>	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth <u>9</u> <u>V</u> <u>1901</u> (Month) (Day) (Year)
-------------------------	------------------------------	-----	--------------------------------	-------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

Number of child of this mother, including present birth. 2 (a) Born alive and now living one
Born alive but now dead one Stillborn one

FULL NAME <u>John R. Smith</u> FATHER	FULL MAIDEN NAME <u>Eggie J. Blade</u> MOTHER
Residence (Usual place of abode) <u>Fish Haven</u>	Residence (Usual place of abode) <u>Fish Haven</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>White</u> Age at last Birthday <u>1-7</u> (Years)	Color or race <u>White</u> Age at last Birthday <u>44</u> (Years)
Birthplace <u>Fish Haven</u> (City and State or County)	Birthplace <u>St. Charles</u> (City and State or County)
Occupation <u>Farmer</u>	Occupation <u>Wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2 39 M.
on the date above stated.

(Signature) [Signature]

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Monterey, Cal.

Filed 10/1/31 1931 [Signature] Registrar.

1007

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Bonneville</u> City of <u>Idaho Falls</u>		CERTIFICATE OF BIRTH 196186			
No. <u>L.D.S. Hospital</u> St.		Registration District No. <u>73</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2142</u>		Local Registrar's No. <u>510</u>	
2. FULL NAME OF CHILD <u>Baby Prabert - stillborn</u>					
3. Sex <u>Male</u>		4. Twin, triplet, or other _____		8. Date of birth <u>11-16</u> , 193 <u>1</u> (MONTH, DAY, YEAR)	
If plural births _____		5. Number, in order of birth _____		6. Premature <u>yes</u> Legiti- mate? <u>yes</u>	
9. Full name <u>Dean Prabert</u>		FATHER		18. Full maiden name <u>Margaret Johnson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shoshone, Ida</u>		11. Color or race <u>White</u>		21. Age at last birthday <u>21</u> (years)	
13. Birthplace (city or place) <u>Antler, N. Dakota</u> (State or country)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Railroad</u>		16. Date (month and year) last engaged in this work <u>at present</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housekeeper</u>	
17. Total time (years) spent in this work <u>5 1/2</u>		25. Date (month and year) last engaged in this work <u>Nov 1</u> , 193 <u>1</u>		26. Total time (years) spent in this work <u>mo.</u>	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>7</u> months or weeks _____					
29. Cause of stillbirth <u>unknown</u> Before labor <u>yes</u> During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2 a m. on the date above stated.

(SIGNATURE OF STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) J. Harry L. Williams, M. D.

or _____, Midwife

Address Paehs Falls, Idaho

Filed Nov 16, 1931

Registrar.

Registrar

UNITED STATES

DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

WASHINGTON

January 1, 1918

My dear Sir:

I have the honor to acknowledge the receipt of your letter of the 29th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

Very respectfully,
Secretary

I am, Sir, very truly,
Your obedient servant,
[Signature]

Very truly,
[Signature]

Enclosed for you are two copies of the report of the

Commissioner of the General Land Office, dated December 1, 1917,

in relation to the proposed sale of the lands of the

United States in the State of California.

I am, Sir, very truly,
Your obedient servant,
[Signature]

Very truly,
[Signature]

Enclosed for you are two copies of the report of the

Commissioner of the General Land Office, dated December 1, 1917,

in relation to the proposed sale of the lands of the

United States in the State of California.

I am, Sir, very truly,
Your obedient servant,
[Signature]

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[Signature]

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Your obedient servant,
[Signature]

Very truly,
[Signature]

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Very truly,
[Signature]

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[Signature]

Very truly,
[Signature]

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Commissioner of the General Land Office, dated December 1, 1917,
in relation to the proposed sale of the lands of the
United States in the State of California.

I am, Sir, very truly,
Your obedient servant,
[Signature]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M, 1-19.

1. PLACE OF DEATH

County of Bonneville
City of Idaho Falls, Ida

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No. 73

Primary Registration District No. 214-0
(No. _____ St.)

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 75127
Local Registrar's No. 75127

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

November 16 1931
(Month) (Day) (Year)

7. AGE

31 Yrs. 10 Mos. 10 ds.

IF LESS than 1 day how many
0 hrs. or
0 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho Falls - Ida

10. NAME OF

Father

Dean Parnest

11. BIRTHPLACE OF FATHER

(State or Country) Antler - N. D.

12. MAIDEN NAME OF MOTHER

Margaret Johnson

13. BIRTHPLACE OF MOTHER

(State or Country) Howay, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Jacob H. Parnest, Supt
Idaho Falls, Idaho

15.

Filed

Nov 161931

Ed Quinn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1931, to Nov. 16 1931.

that I last saw him alive on _____ 19____,
and that death occurred on the date stated above, at _____ M.
The CAUSE OF DEATH* was as follows:

Stillborn - Cause unknown

(Duration) yrs. mos. ds.

Contributory Dead about 3 mks.
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Harry L. Wilkin M. D.(Address) Idaho Falls, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. / days. State yrs. mos. ds.
Where was disease contracted at home
if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Cremation - Idaho Falls, Ida

DATE OF BURIAL

Nov 16 1931

20. UNDERTAKER

none

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Salesman, (b) Grocery;** (a) **Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia;** **Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles;** **Whooping cough;** **Chronic valvular heart disease;** **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.;** **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident;** **Revolver wound of head—homicide;** **Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls, Idaho
No. 449 229 010897 St.
L.D.S. Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

196206

Registration District No. 73 State File No. 215-0
Prim. Registration District No. 215-0 Local Registrar's No. 031

2. FULL NAME OF CHILD

Stillborn Marchant

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov. 29</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
9. Full name <u>Vernal Marchant</u>	FATHER		MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Louisville, Ida.</u>	11. Color or race <u>White</u>		12. Age at last birthday <u>22</u> (years)		
13. Birthplace (city or place) (State or country) <u>Crowley, Wyo.</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work <u>at present</u> , 19 <u>31</u>	17. Total time (years) spent in this work <u>4</u>		18. Full maiden name <u>Severn Hix</u>		
19. Residence (usual place of abode) (If non-resident, give place and state) <u>Louisville, Ida.</u>	20. Color or race <u>White</u>		21. Age at last birthday <u>25</u> (years)		
22. Birthplace (city or place) (State or country) <u>Grant, Idaho</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work <u>at present</u> , 193 <u>1</u>	26. Total time (years) spent in this work <u>3</u>		27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		
28. If stillborn, period of gestation <u>9 Mo.</u> { months or weeks	29. Cause of stillbirth <u>Asphyxia due strangulation of cord.</u>		Before labor <u>Yes</u> During labor <u>Yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:10 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF)

Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address Idaho Falls, Idaho
Filed Dec 1, 1931 _____ Registrar.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M. 1-13

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Bonnerville
City of Idaho Falls

Registration District No. 73
Primary Registration District No. 2140
(No. St.)

State File No. 77185
Local Registrar's No. 229

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Still borne Morcha
If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WID-OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

November 29 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many yrs. or mos. or ds. min.?

Still born

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer).

Joby

9. BIRTHPLACE

(State or Country)

Idaho Falls

10. NAME OF FATHER

Vernal Marchant

11. BIRTHPLACE OF FATHER

(State or Country)

Cowley, Wyoming

12. MAIDEN NAME OF MOTHER

Severn Hicks

13. BIRTHPLACE OF MOTHER

(State or Country)

Grant, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

father
Idaho Falls, Idaho

15.

Filed

Nov 29

1931

Idaho Falls

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 29 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 29 1931 to Nov 29 1931, that I last saw her alive on Nov 29 1931, and that death occurred on the date stated above, at 7:10 A.M.
The CAUSE OF DEATH* was as follows:

Asphyxiation from strangulation
cord twice wraps about neck
(Duration) yrs. mos. ds.

Contributory Cause
due to strangulation
(Duration) yrs. mos. ds.

(Signed)

Idaho Falls M. D.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Grant, Idaho

DATE OF BURIAL

Nov 29 1931

20. UNDERTAKER

ADDRESS

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **RECEIVED JEC 4 1931**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **196211**

County of Bernierille
City of Idaho Falls

No. 105 Hospital St.

(If born in hospital or institution give name.)

Registration District No. 73 State File No.

Prim. Registration District No. 214-2 Local Registrar's No. 780

2. FULL NAME OF CHILD Stillborn Henderson

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>L</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov. 6</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Chester Henderson</u>			18. Full maiden name MOTHER <u>Bernie Weston</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Preston, Ida</u>			19. Residence (usual place of abode) (If non-resident, give place and state) <u>Preston, Ida</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>31</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>Cleifton Ida</u>		22. Birthplace (city or place) (State or country) <u>Preston Ida</u>		21. Age at last birthday <u>23</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work <u>at present</u> , 19 <u>31</u>			25. Date (month and year) last engaged in this work <u>at present</u> , 19 <u>31</u>	
17. Total time (years) spent in this work		26. Total time (years) spent in this work			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>8</u> months or weeks		29. Cause of stillbirth <u>premature</u>		Before labor <u>During labor</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:09 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

(Signed) Lee Ellis, M. D.

or Physician Midwife

Address Idaho Falls, Ida

Filed Jan 6, 1931 Chapman Registrar.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.
Give name added from
a supplemental report.

(DATE OF)

Registrar.

11-11-61

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state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated EXACTLY, PHYSICIANS should be carefully supplied, AGE should be properly classified. See instructions on back of certificate.

FORM V. S. No. 5, 251-1931 DEC 4 1931 CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Bonnieville
City of Slake Falls

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 23
Primary Registration District No. 2140
(No. _____ St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 77191
Local Registrar's No. 210

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Stileborn Henderson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

November 6 1931
(Month) (Day) (Year)

7. AGE

IF LESS than 1 day how many
0 hrs. or
0 min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho Falls, Ida.

10. NAME OF

Father Chester Henderson

11. BIRTHPLACE

OF FATHER Clifton, Idaho
(State or Country)

12. MAIDEN NAME

OF MOTHER Bernice Wurst

13. BIRTHPLACE

OF MOTHER Preston Idaho
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed Nov. 6 1931 Guy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

November 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19. to 19.

that I last saw h. alive on 19.

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Premature Birth
no investigation

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Chas. Chen M. D.

19 (Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

Crematorium - Slake Falls

DATE OF BURIAL

Nov 6 1931

20. UNDERTAKER

ADDRESS

none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Salesman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework**, or **At home**, and children, not gainfully employed, as **At school** or **At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia**; **Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Carcoma, etc.**, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis**, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 4 1931 STATE OF IDAHO
County of Bannock DEPARTMENT OF PUBLIC WELFARE
City of Lake Falls BUREAU OF VITAL STATISTICS
No. 282 Short St. CERTIFICATE OF BIRTH **S196213**
314 716 010-312

Registration District No. 73 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 2182 Local Registrar's No. 412
FULL NAME OF CHILD Larry Ross Laurence
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>5-16-1931</u> (Month) (Day) (Year)
--------------------------	---	-------	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 10% id.

Number of child of this mother, including present birth _____ (a) Born alive and now living _____

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>Ross C. Laurence</u>	MOTHER FULL MAIDEN NAME <u>Edith Lake</u>
---	--

Residence (Usual place of abode) 252 Short St. Lake Falls Residence (Usual place of abode) Lake Falls Id.

If non-resident, give place and State _____ If non-resident, give place and State _____

Color or race White Age at last Birthday 26 Color or race White Age at last Birthday 21
(Years) (Years)

Birthplace Colorado Birthplace Lake Falls
(City and State or County) (City and State or County)

Occupation Laborer Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at 9-30 A. M.
on the date above stated. { Stillborn }

(Signature) R. P.utton

{ *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }

Address Lake Falls - Idaho

Filed Apr 7 1932 U. J. J. J. Registrar.

AUG 10 1966

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia
City of Albion

No. 736127 016-154 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

196318

Registration District No. 117 State File No.

Prim. Registration District No. 2196 Local Registrar's No. 974

2. FULL NAME OF CHILD Unnamed

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth Nov. 27, 1931
(MONTH, DAY, YEAR)

9. Full name FATHER Ray Ploeger
10. Residence (usual place of abode) (If non-resident, give place and state) Burling
11. Color or race white 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or country) Guthrie, Okla.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Present time 1931 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Margaret Evelyn Anderson
19. Residence (usual place of abode) (If non-resident, give place and state) Burling
20. Color or race white 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or country) Little Lake City, Utah

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work Present time 1931 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, { months _____ } 29. Cause of stillbirth Cord wrapped around neck & twisted { Before labor _____ }
period of gestation { or weeks _____ } { During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:30 p.m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) Edna Stripes _____, M. D.
or _____, Midwife
Address Burling, Idaho
Filed 12-7-31 1931 Edna Stripes
Registrar.

100-443887-100

1944

2007-01-04 10:00

02500

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Journal of Management Education 30(6)p.789-804

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 30 million, and the number of people 75 years of age or older is projected to increase from 10 million to 15 million (U.S. Census Bureau, 1996).

the 1990s, the number of people in the world who are undernourished has declined from 1.1 billion to 800 million. The number of people who are malnourished has declined from 1.5 billion to 1 billion. The number of people who are obese has increased from 100 million to 300 million. The number of people who are overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million.

...and the fact that the ...

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 30 million, and the number of people 75 years of age or older is projected to increase from 10 million to 15 million (U.S. Census Bureau, 1996). The number of people 85 years of age or older is projected to increase from 2 million to 4 million (U.S. Census Bureau, 1996). The number of people 90 years of age or older is projected to increase from 500,000 to 1 million (U.S. Census Bureau, 1996). The number of people 95 years of age or older is projected to increase from 100,000 to 200,000 (U.S. Census Bureau, 1996). The number of people 100 years of age or older is projected to increase from 10,000 to 20,000 (U.S. Census Bureau, 1996).

[illegible]

Journal of Management Studies, 36(7), 809–826.

RECEIVED DEC 11 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

77232

State File No.

PLACE OF DEATH

County of CassiaCity of Albion

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2190Local Registrar's No. 299

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Child

(a) Residence No. St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Nov 28-317. AGE Years Months Days If LESS than 1 day, hrs. or min. Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Albion, Idaho
(State or country)10. NAME OF FATHER Roy Plager11. BIRTHPLACE OF FATHER (city or town) Butcher, Okla
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Evelyn Anderson13. BIRTHPLACE OF MOTHER (city or town) Salt Lake City, Utah
(State or Country)14. Taken from birth report as given by Informant (Address) Mrs. Margaret E. Anderson15. Filed Dec 7, 1931 F. H. Butler Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 28, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1931, to Nov 28, 1931, that I last saw Stillborn Child, 19.... and that death occurred, on the date stated above, at.....m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Unborn and wrapped two full turns around neck + twisted on itself - (Compression of Cord) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Edwin Frazier, M. D.12-3, 1931 (Address) Butcher, Idaho

19. Place of Burial, Cremation, or Removal Date of Burial

11-28 1931

20. Undertaker Address

D. E. Johnson Butcher

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back.

PHYSICIAN

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day Laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

917 105 016 465
1. PLACE OF BIRTH
County of Lassie
City of Burley
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 196324

Registration District No. 117 State File No. _____
Prim. Registration District No. 2196 Local Registrar's No. 928

2. FULL NAME OF CHILD Gerald Hagberg

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 11 5, 1931
(MONTH, DAY, YEAR)
5. Number, in order of birth _____ Full term Yes

9. Full name FATHER Lewis J. Hagberg 18. Full maiden name MOTHER Sarah Martin

10. Residence (usual place of abode) (If non-resident, give place and State) Burley 19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race W 12. Age at last birthday 48 (years) 20. Color or race W 21. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or country) Idaho 22. Birthplace (city or place) (State or country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
19. _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, 8 months period of gestation 8 weeks 29. Cause of stillbirth Maternal heart block Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. Greco M. D.

or _____, Midwife

Address _____

Filed Dec 7, 1931 J. H. Putter

Registrar. Mrs Greco Registrar.

Give name added from a supplemental report _____ (DATE OF) _____

SEP 5 1975

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
77235
State File No.

PLACE OF DEATH,
County of Cassia
City of Burley

Registration District No. 117
Primary Registration District No. 2196
(No.)

Local Registrar's No. 293

2. FULL NAME Baby Hagberg
(If death occurred in a hospital or institution, give its name instead of street and number.)
(a) Residence. No. St.
(Usual place of abode.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 5, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Burley Idaho
(State or country)

10. NAME OF FATHER Louis J. Hagberg

11. BIRTHPLACE OF FATHER (city or town) St. Louis
(State or country)

12. MOTHER NAME OF MOTHER Sarah Martin

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or country)

14. Informant (Address) Hagberg

15. Filed Nov 17, 1931 H. E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 5, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1931, to Nov 5, 1931

that I last saw him alive on 19.....
and that death occurred, on the date stated above, at 20 m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn
Premature separation
of placenta
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? scope

(Signed) H. E. Johnson, M. D.

11/5/31, 19..... (Address) Burley

19. Place of Burial, Cremation, or Removal Burley Idaho Date of Burial 19.....

20. Undertaker H. E. Johnson Address Burley

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

194 106-016-962
1. PLACE OF BIRTH
County of Cassia
City of Burley Name added 4-27-79
No. _____ St _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **196334**

(If born in hospital or institution give name.)

Registration District No. 117 State File No. _____

Prim. Registration District No. 2196 Local Registrar's No. 988

2. FULL NAME OF CHILD BOBBY GRUWELL

3. Sex <u>Boy</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov 6</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
9. Full name <u>Lester J. Gruwell</u>	FATHER			18. Full maiden name <u>Estella Robinson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>39</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) (State or country) <u>Mexico</u>				22. Birthplace (city or place) (State or country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>						
28. If stillborn, period of gestation _____ { months or weeks			29. Cause of stillbirth _____ { Before labor or During labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:00 P. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) Hugh E. Dean, M. D.

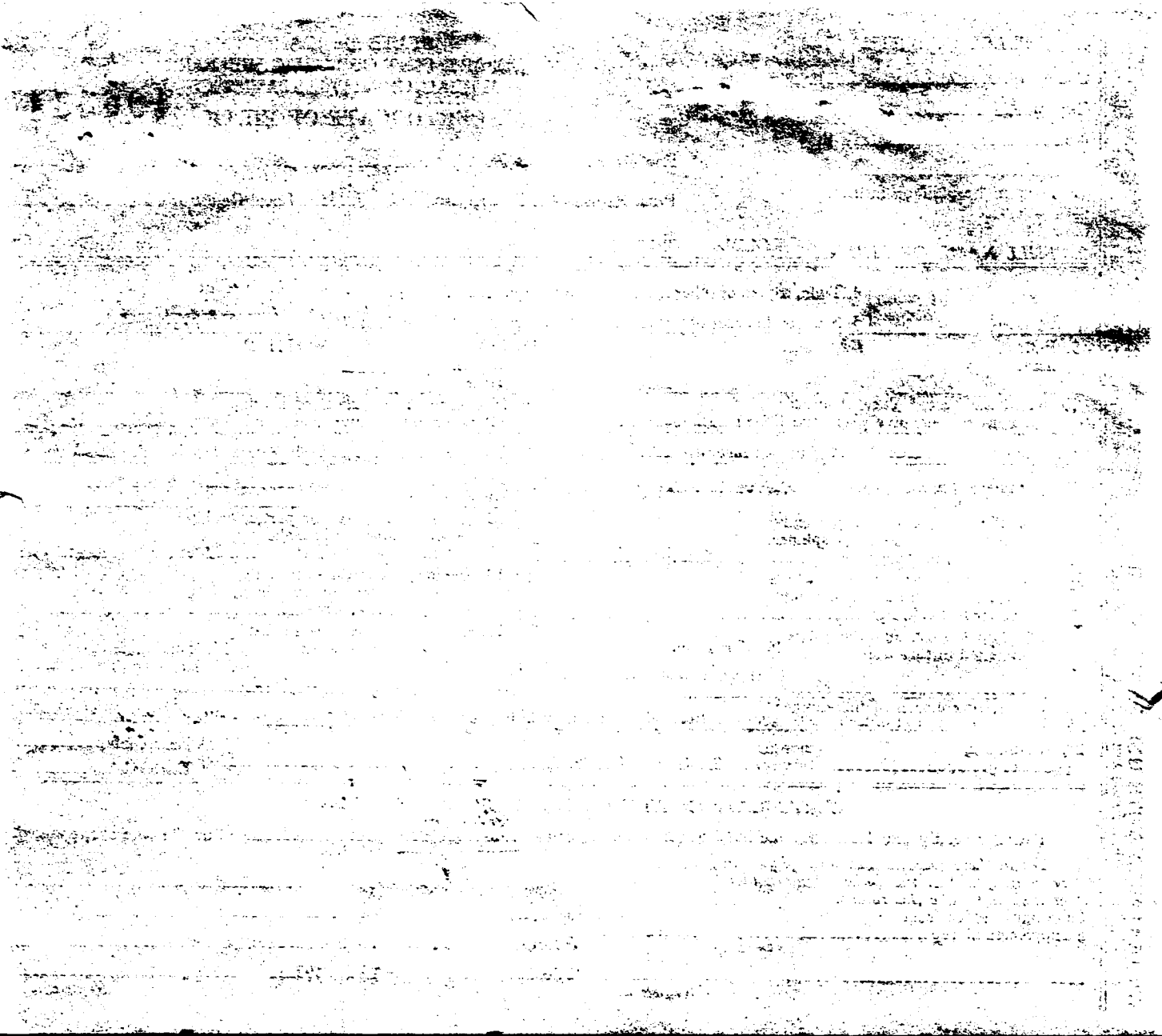
or _____, Midwife

Address Burley, Idaho

Filed Dec, 1931

Registrar.

Registrar.



RECEIVED DEC 11 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No.

77237

PLACE OF DEATH

County of CassiaCity of BarleyRegistration District No. 117Primary Registration District No. 2196

(No.)

Local Registrar's No. 295

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Gruwell

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

(If nonresident give city or town and State.)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.5. Single, Married, Widowed,
or Divorced (write the word.)Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov. 6 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,
hrs. or

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Barley Ida.

10. NAME OF FATHER

Lester James Gruwell11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MOTHER'S NAME OF MOTHER

Estelle Robinson13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Idaho

14.

Informant
(Address)Lester J. Robinson
Barley Idaho

15.

Filed

12-7-31

1931

F. H. Hunter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 6
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

Nov 6, 1931, to Nov 6, 1931that I last saw him alive on Nov 6, 1931and that death occurred, on the date stated above, at 11:30 a.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Infantile uterine asphyxia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Examine(Signed) Dr. E. H. Hunter, M. D.Nov 10, 1931 (Address) Barley Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Barley Ida R.F.D. 111-71931

20. Undertaker

Address

D. E. JohnsonBarley

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE
RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ } ss. HAR 13 12 16 PM '79 Certificate No. 196334
County of _____ } Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Gruwell (Male) who was born on Nov. 6, 1931
in Burley (Cassia) are erroneous or were omitted:
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
<u>child's name</u>	<u>unnamed Gruwell</u>	<u>Bobby Gruwell</u>

Subscribed and sworn to before me this 9 day of
March, 1979.
Notary Public, Donald J. Finley
Residing at Pleasant Arizona
My commission expires Sept 19, 1980
(Seal)

Estella Gruwell
Signature of Applicant
337 N. Pioneer Mesa, Ariz
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss. _____ (Must be completed __)
County of _____ } (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Cemetary Record gives name of child as Bobby Gruwell born November 6, 1931,
stillborn and buried November 6, 1931. Record old.
Viewed by V.S.

Family Record gives name of child as Bobby Gruwell born Nov. 6, 1931 in
Burley, Idaho to Lester James Gruwell and Estella Robinson. Child stillborn.
Family REcord obviously old. Recorded 10- 16, 1946.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Elmore
City of Gleason Ferry
King Hill

No. St.

292-209-020-791

(If born in hospital or institution
give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

196353

Registration District No. 35 State File No.

Prim. Registration District No. 2031 Local Registrar's No.

FULL NAME OF CHILD (Stillborn) Baby Kissinger

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twins Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>11</u> <u>9</u> <u>1931</u> (Month) (Day) (Year)
----------------------------	--	---	------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living two

Born alive but now dead one Stillborn one

FATHER FULL NAME <u>Geo. F. Kissinger</u>	MOTHER FULL MAIDEN NAME <u>Julia E. Grace</u>
--	--

Residence (Usual place of abode) Kinghill, Ida.

If nonresident, give place and State

Color or race White Age at last Birthday 31

Birthplace Penn. (Years)

Occupation Sec. laborer (City and State or Country)

Occupation Hwst. (City and State or Country)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 2031
on the date above stated.

(Signature) [Signature]

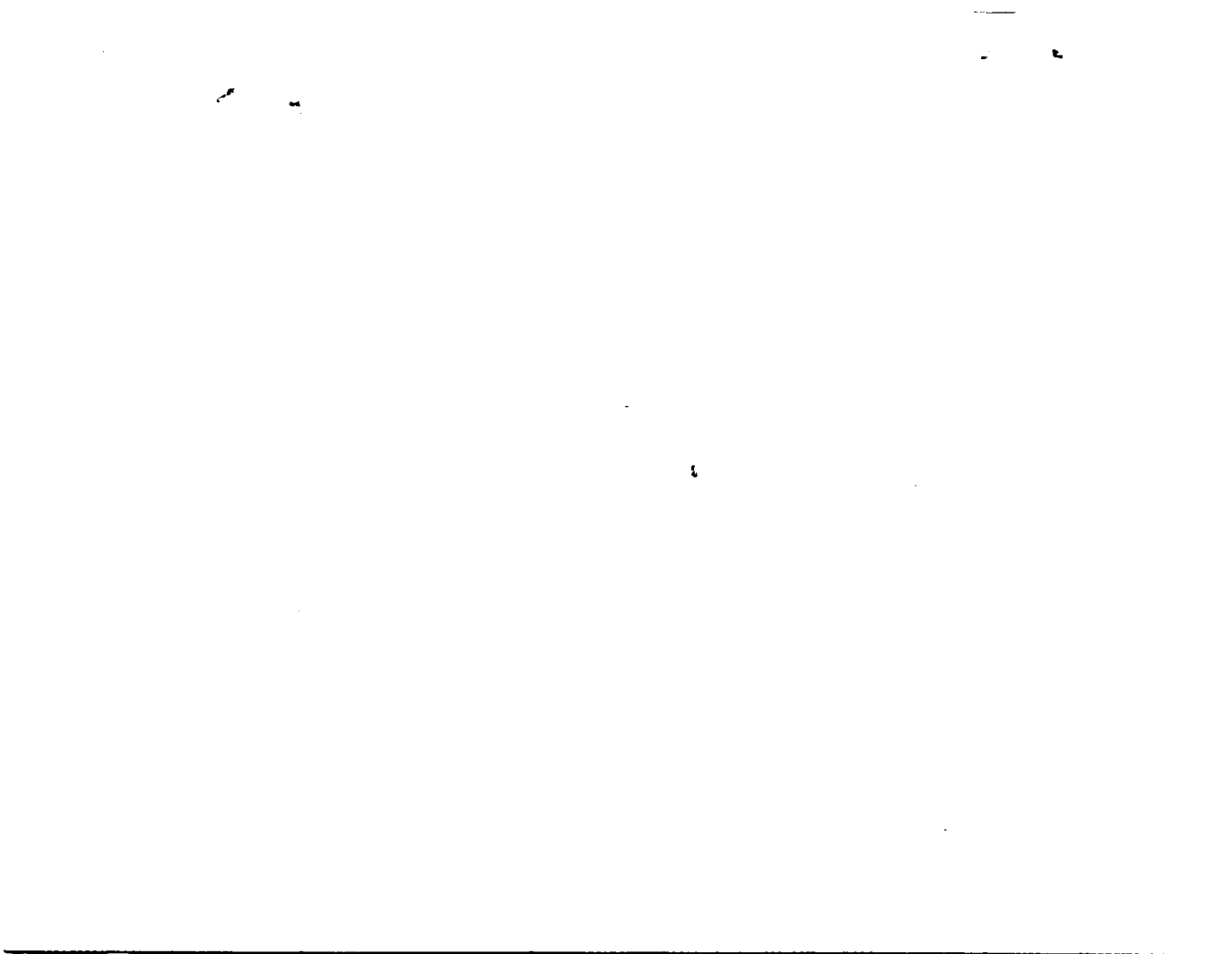
(Physician or Midwife)

Address Gleason Ferry, Ida.

Filed 1-30 1931 Mrs. M. Sullivan

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. **77243**

PLACE OF DEATH
County of **Elmore**
City of **Glenn, Idaho**
King Hill Ida

Registration District No. **35**
Primary Registration District No. **2021**

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Kissinger**

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day and year) Nov 9 - 1931				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

9. BIRTHPLACE (city or town) **King Hill**
(State or country)

10. NAME OF FATHER Geo. F. Kissinger Penn.
11. BIRTHPLACE OF FATHER (city or town) (State or Country)
12. MAIDEN NAME OF MOTHER Julia E. Grace Utah
13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant Geo F. Kissinger (Address) King Hill Idaho
15. Filed 11-30 19 31 Mrs M. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Stillborn
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) **M. H. Hendricks**, M. P.
11-9, 19**31** (Address) **Glenn, Idaho**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal King Hill Idaho	Date of Burial Nov 9 1931
20. Undertaker Geo F Kissinger	Address King Hill

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

206

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcema, etc.,** of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 196432

County of SevierCity of KamiahNo. 993-109-025-118 St.Registration District No. 49 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2127 Local Registrar's No. _____FULL NAME OF CHILD Boby Richards

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of birth <u>Nov. 9</u> 19 <u>61</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living 0Born alive but now dead 0 Stillborn 1

FATHER FULL NAME <u>John Richards</u>	MOTHER FULL MAIDEN NAME <u>Lena Jery</u>
--	---

Residence (Usual place of abode) Kamiah

If non-resident, give place and State _____

Color or race W Age at last Birthday 25 (Years)Birthplace Idaho (City and State or County)Occupation U.S. F.S. (City and State or County)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 330 P. M. on the date above stated.

(Signature) [Signature]

(Physician or midwife)

Address Kamiah Idaho.Filed Dec 12 1961 Wall R. Peterson

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[mirrored text]

Filed

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 16 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77266**

PLACE OF DEATH
County of Idaho
City of Hammond

Registration District No. 49
Primary Registration District No. 2127

Local Registrar's No. 18

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Boy ~~James~~ Richards

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE w 5. Single, Married, Widowed, or Divorced (write the word) Boy
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of child
6. DATE OF BIRTH (month, day and year) Star Born
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Hammond (State or country) Idaho

10. NAME OF FATHER John Richards

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14. Informant (Address)

15. Filled Dec 12, 1931 Nell Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 9 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1931, to Nov. 9, 1931, that I last saw him alive on _____, 19____.

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:
Instrumental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) N. Richards, M. D.
12/11, 1931 (Address) Hammond

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Date of Burial

Woodland 11-9 1931

20. Undertaker Address

Friends

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Salesman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc.,** of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Kootenai
City of Spirit Lake
No. 215 230 028-386 St. _____
Registration District No. 30 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1050 Local Registrar's No. 166
FULL NAME OF CHILD Georgia Jean Banka
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child female Twin Triplet or other? no { and } Number in order of birth 1 Legitimate? yes Date of birth Nov. 30. 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? None - Stillborn
Number of child of this mother, including present birth 5 (a) Born alive and now living 4
Born alive but now dead 0 Stillborn 1

FATHER		MOTHER	
FULL NAME <u>George E. Banka</u>	FULL MAIDEN NAME <u>Verna L. Thomas</u>	FULL NAME <u>George E. Banka</u>	FULL MAIDEN NAME <u>Verna L. Thomas</u>
Residence (Usual place of abode) <u>Spirit Lake, Ida.</u>	Residence (Usual place of abode) <u>Spirit Lake, Ida.</u>	Residence (Usual place of abode) <u>Spirit Lake, Ida.</u>	Residence (Usual place of abode) <u>Spirit Lake, Ida.</u>
If non-resident, give place and State _____	If non-resident, give place and State _____	If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>white</u> Age at last Birthday <u>33</u>	Color or race <u>white</u> Age at last Birthday <u>37</u>	Color or race <u>white</u> Age at last Birthday <u>33</u>	Color or race <u>white</u> Age at last Birthday <u>37</u>
Birthplace <u>Kidder - S. Dak.</u> (City and State or County)	Birthplace <u>Chowanda, Iowa</u> (City and State or County)	Birthplace <u>Kidder - S. Dak.</u> (City and State or County)	Birthplace <u>Chowanda, Iowa</u> (City and State or County)
Occupation <u>truck driver</u>	Occupation <u>housewife</u>	Occupation <u>truck driver</u>	Occupation <u>housewife</u>

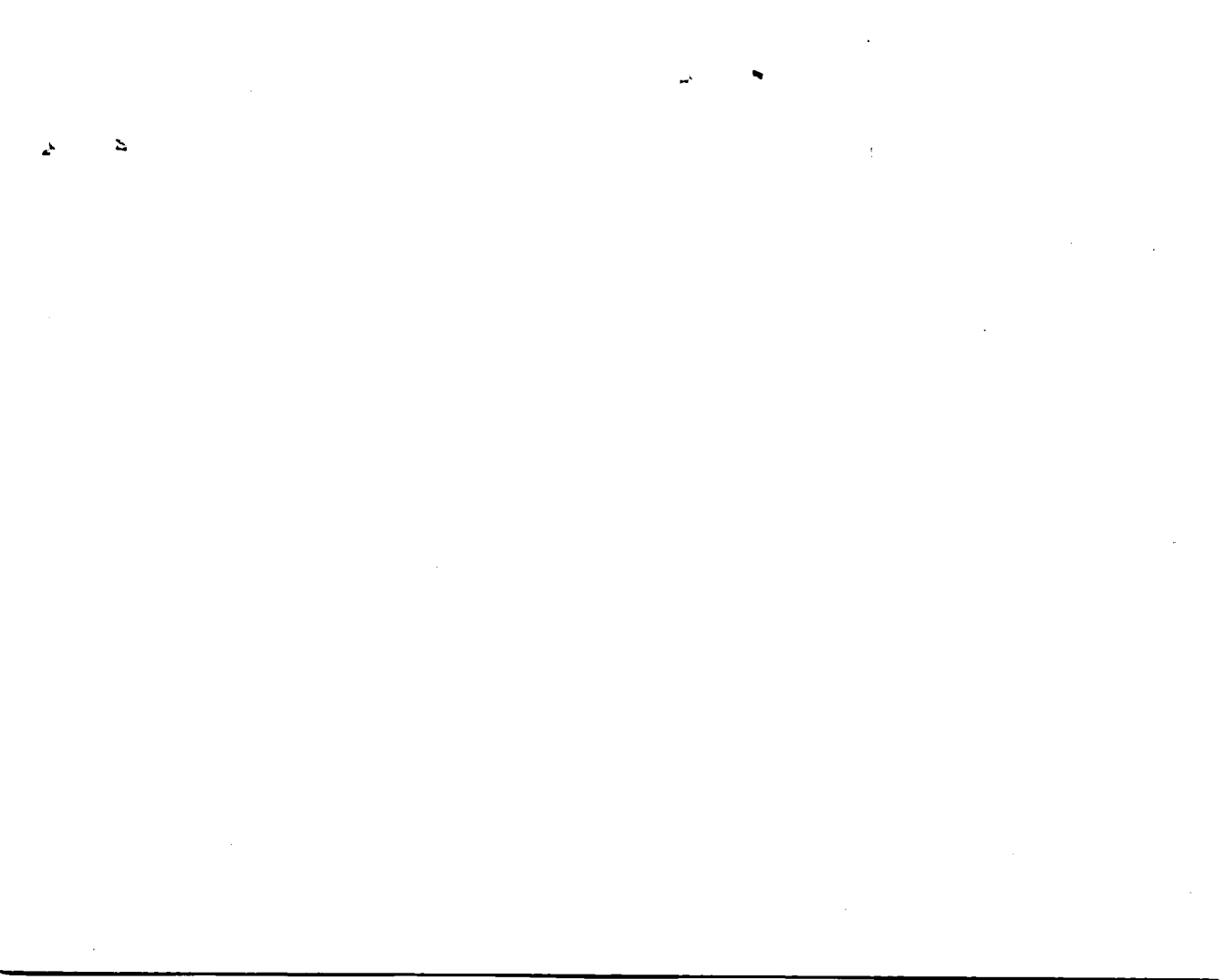
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 1.30 A. M. on the date above stated.

(Signature) Frank Henry
Physician
(Physician or midwife)

Address Ratholm, Idaho
Filed 11-29-31 N. J. Sturges
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 23 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77542

State File No.

PLACE OF DEATH

County of KootenaiCity of RathdrumRegistration District No. 45

Primary Registration District No.

Local Registrar's No. 14(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Georgia Jean Banka

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no6. DATE OF BIRTH (month, day and year) Nov. 29, 19317. AGE Years Months Days If LESS than 1 day, hrs. or min.
stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Young

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Spice Lake, Ida
(State or country)10. NAME OF FATHER George E. Banka11. BIRTHPLACE OF FATHER (city or town) Kilder
(State or Country) S. Dak.12. MAIDEN NAME OF MOTHER Verna L. Thomas13. BIRTHPLACE OF MOTHER (city or town) Noma
(State or Country)14. Informant George E. Banka
(Address) Spice Lake, Idaho15. Filed Nov 30, 1931 AC Spooner
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 30, 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased ~~from~~
she was, 1931 stillborn, 1931that I last saw h. alive on, 1931

and that death occurred, on the date stated above, at. m.

The CAUSE OF DEATH* was as follows:

Premature birth
8 months gestation

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank H. Hays, M. D.
11/30, 1931 (Address) Rathdrum

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Pine Grove Cemetery Rathdrum Date of Burial 12/1 193120. Undertaker Varney Funeral Home Address Rathdrum

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

469 226 029 25-4
1. PLACE OF BIRTH RECEIVED DEC 14 1931

County of Idaho
City of Moscow
No. 1 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

196516

Registration District No. 61 State File No. _____

Prim. Registration District No. 1011 Local Registrar's No. 120

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>No</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov 26 1931</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term _____		
9. Full name FATHER <u>David Robert Morgan</u>			18. Full maiden name MOTHER <u>Ida Semmes</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Idaho</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>45</u> (years)	20. Color or race <u>W.</u>		21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place) <u>Oklahoma</u> (State or country)			22. Birthplace (city or place) <u>Idaho</u> (State or country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Same</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
	16. Date (month and year) last engaged in this work <u>now</u>			25. Date (month and year) last engaged in this work <u>now</u>	
		17. Total time (years) spent in this work <u>25</u>			26. Total time (years) spent in this work <u>10</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation 6 months or weeks { 29. Cause of stillbirth Baby dead any time Before labor Yes During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ida Semmes, M. D.

or _____, Midwife

Address Moscow, Idaho

Filed Dec. 5, 1931

Give name added from a supplemental report _____
(DATE OF)

Registrar.

STATE OF TEXAS
COUNTY OF DALLAS
IN SENATE
JANUARY 11, 1901

REPORT OF

COMMISSIONER OF THE
LAND OFFICE
TO THE SENATE
JANUARY 11, 1901

Very respectfully submitted,
J. W. HARRIS,
Commissioner of the Land Office.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE TO THE SENATE, JANUARY 11, 1901.

The following is a summary of the work of the Land Office during the year 1900:

The total number of acres of land sold during the year was 1,234,567. The total amount of money received for the sale of land was \$1,234,567. The total number of acres of land donated during the year was 123,456. The total amount of money received for the donation of land was \$123,456.

The following is a summary of the work of the Land Office during the year 1900:

The total number of acres of land sold during the year was 1,234,567. The total amount of money received for the sale of land was \$1,234,567. The total number of acres of land donated during the year was 123,456. The total amount of money received for the donation of land was \$123,456.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of MadisonCity of Replung R#2No. 415-120-033-235 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

196543

Registration District No. 100 State File No.Prim. Registration District No. 2178 Local Registrar's No. 3012. FULL NAME OF CHILD Stillborn Davidson

3. Sex <u>Male</u>	4. Twin, triplet, or other <u>1</u>	6. Premature <u>1</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov 20</u> , 193 <u>1</u> (MONTH, DAY, YEAR)
9. Full name <u>Robert Davidson</u>	FATHER		10. Residence (usual place of abode) <u>Replung R#2</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>	12. Age at last birthday <u>42</u> (years)	13. Birthplace (city or place) <u>Teton Basin Idaho</u> (State or country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheep herder</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work <u>now</u>	17. Total time (years) spent in this work <u>54</u>	18. Full name <u>Bethie Loring Stevens</u>	
19. Residence (usual place of abode) <u>Replung R#2</u> (If non-resident, give place and State)		20. Color or race <u>W</u>		
21. Age at last birthday <u>42</u> (years)		22. Birthplace (city or place) <u>Teton Basin Idaho</u> (State or country)		
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>				
28. If stillborn, period of gestation <u>9</u> months or weeks				
29. Cause of stillbirth <u>Chromosomal Abnormalities</u> Before labor <u>Yes</u> During labor <u>Yes</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:00 P on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. B. Bigley, M. D.

or _____, Midwife

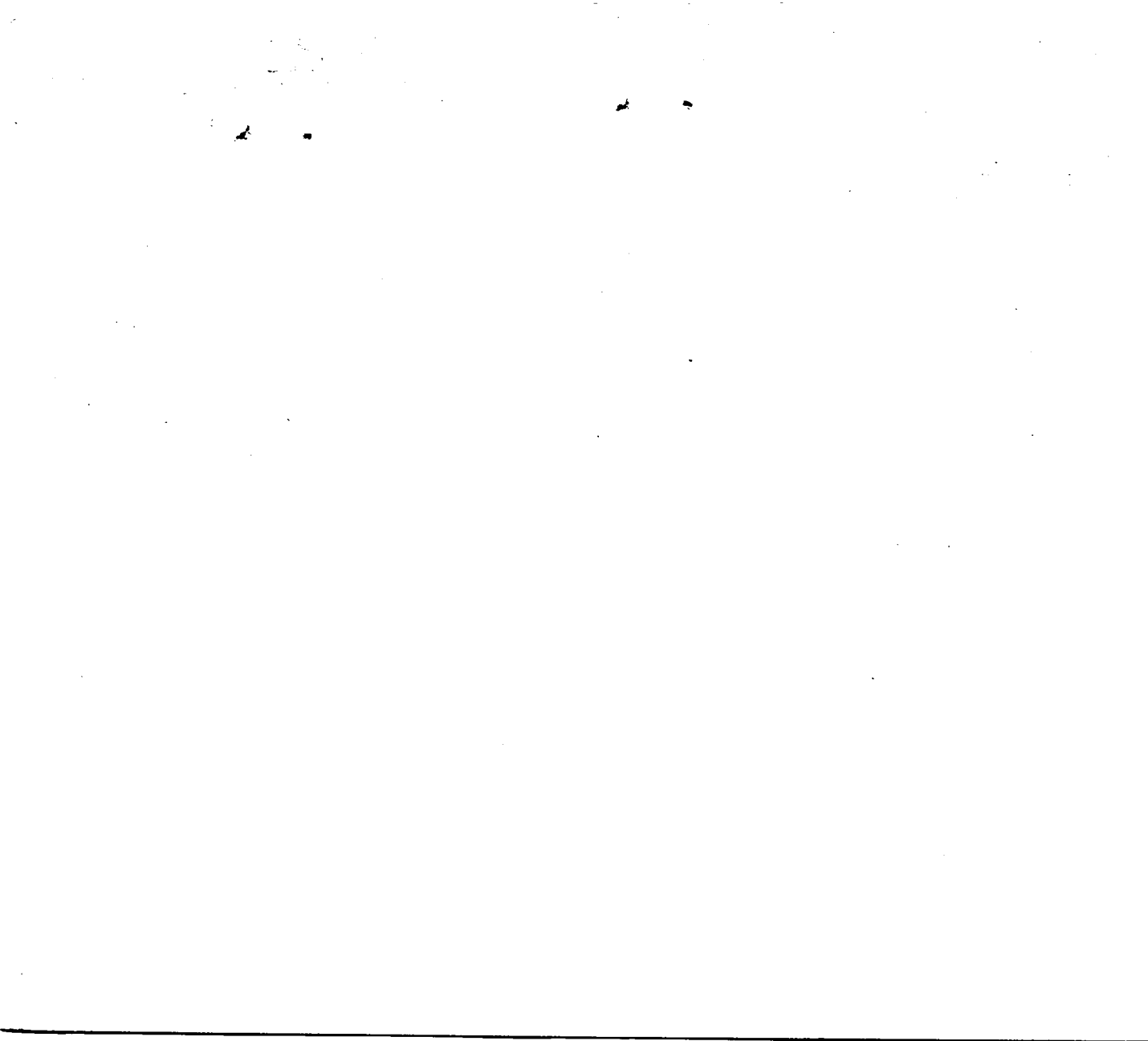
Give name added from a supplemental report _____

(DATE OF)

Address 123Filed 1231931

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Madison</u>		CERTIFICATE-OF DEATH		77626	
City of <u>Redburg</u>		Registration District No. <u>100</u>		State File No.	
		Primary Registration District No. <u>2178</u>		Local Registrar's No. <u>60</u>	
(No.)					
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Baby Davidson</u>					
(a) Residence. No. St.					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>White</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Nov 20th 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
<u>X</u>		<u>X</u>	<u>X</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Redburg Ida.</u> (State or country) <u>Ida.</u>					
13. NAME <u>Robert Davidson</u>					
14. BIRTHPLACE (city or town) (State or country)					
15. MAIDEN NAME <u>Natty Stephens</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Carbon Utah</u>					
17. INFORMANT <u>Robert Davidson</u> (Address) <u>Staten Ida</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Redburg Ida</u> Date <u>Nov 24th 1931</u>					
19. UNDERTAKER <u>Wm. H. Keller</u> (Address) <u>Redburg Ida</u>					
20. FILED <u>Jan 4</u> , 1932 <u>J. R. Young</u> Registrar.					
21. DATE OF DEATH (month, day, and year) <u>Nov 20th 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from, 1931, to , 1931					
I last saw her alive on <u>Nov 20th 1931</u> ; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>Comp. (1) Chronic Nephritis in Mother,</u> <u>(2) Hypertension</u> <u>(3) Eclampsia</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 1931					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>H. B. Bigby</u> , M. D.					
(Address) <u>Redburg</u>					

no 6

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Blaine
City of Rupert
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 196559

(If born in hospital or institution give name.)
Registration District No. 19 State File No. _____
Prim. Registration District No. 2015 Local Registrar's No. 186

FULL NAME OF CHILD Stillbirth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>boy</u>	Twin Triplet or other?	and of birth (To be answered only in event of plural births)	Legitimate? <u>yes</u>	Date of birth <u>10 30 1931</u> (Month) (Day) (Year)
-------------------------	------------------------------	--	---------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? nothing

Number of child of this mother, including present birth. 4 (a) Born alive and now living 3

Born alive but now dead. 0 Stillborn _____

FULL NAME FATHER <u>Carl John Fenton</u>	FULL MAIDEN NAME MOTHER <u>Laura Dawson</u>
--	---

Residence (Usual place of abode) Rupert

If non-resident, give place and State _____

Color or race white Age at last Birthday 30 (Years)

Birthplace Garnett Kansas (City and State or County)

Occupation miner

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 13:15-9 M. on the date above stated.

(Signature) Layne H. Kenagy

(Physician or midwife)

Address Rupert Ida

Filed 11-4 1931 Edith

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

• • • • •

• • •

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 200 million to 400 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payson
City of Payson, Idaho
No. 319-102
Office, Public Building

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 196590

Registration District No. 96 State File No. _____
Prim. Registration District No. 1009 Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Hardisty

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature X 7. Legiti-
mate? X 8. Date of birth 10 - 2, 1931
(MONTH, DAY, YEAR)

9. Full name M. I. Hardisty FATHER 18. Full maiden name Lavinia Hardisty MOTHER
10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
21. Age at last birthday _____ (years)

11. Color or race W 20. Color or race W 21. Age at last birthday _____ (years)
13. Birthplace (city or place) Idaho 22. Birthplace (city or place) Idaho
(State or country) (State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salmon 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead _____ (c) Stillborn X
28. If stillborn, period of gestation 5 months or weeks 29. Cause of stillbirth Normal Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 A m. on the date above stated.
(BORN ALIVE OR STILLBORN)

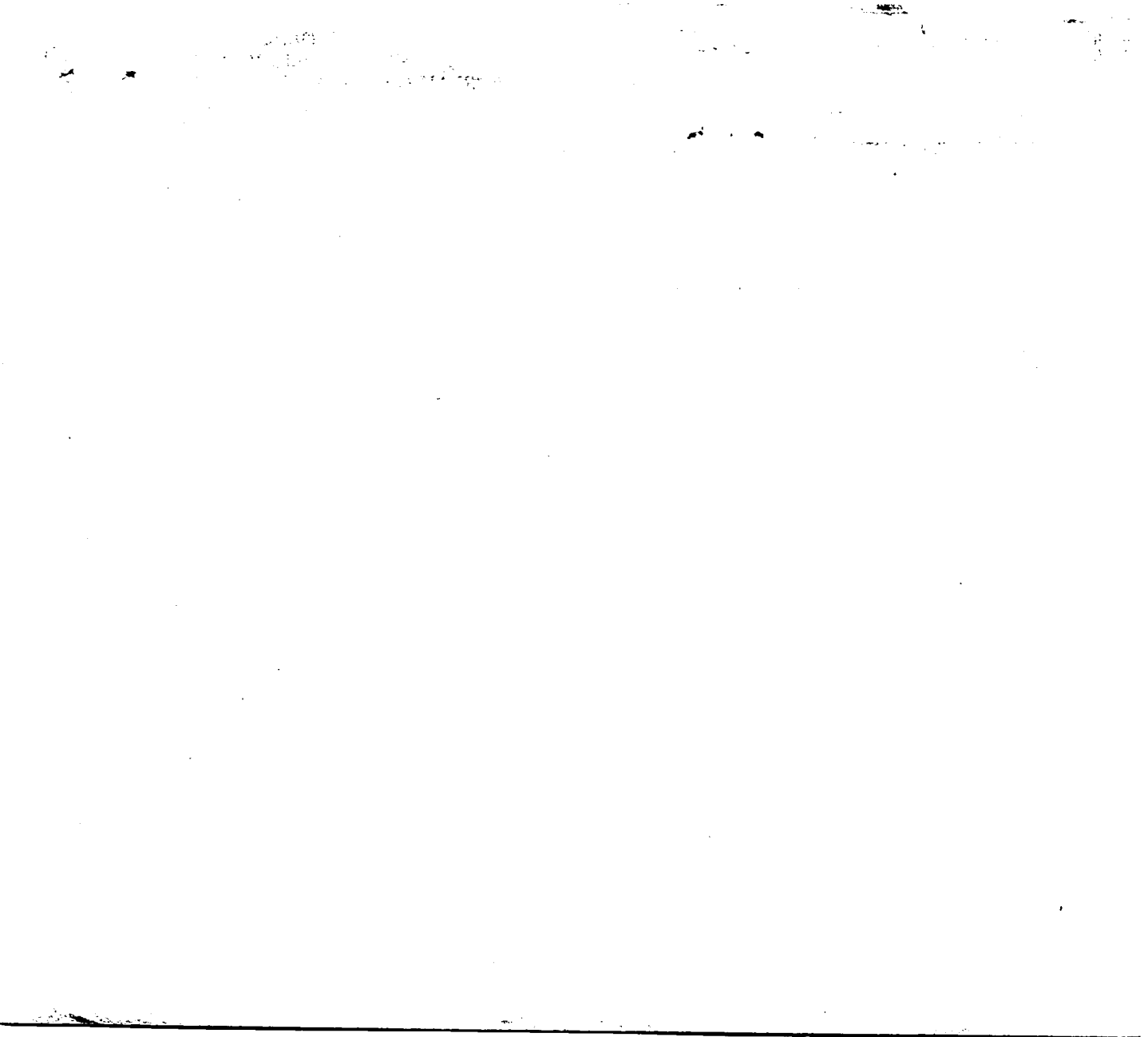
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. J. Brackish, M. D.
or Payson, Idaho, Midwife
Address Payson, Idaho
Filed Dec 1, 1931

Give name added from a supplemental report _____
(DATE OF)

Registrar.

J. M. Dyle
W. G. T. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF Idaho
DEPARTMENT OF Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
County of New Bern
City of Lewiston
Registration District No. 96
Primary Registration District No. 1009

DO NOT WRITE IN THIS SPACE
77001
State File No. _____

Local Registrar's No. _____

(No. Braier Bldg.
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Hardisty.

(a) Residence. No. Lewiston orchards. (If nonresident give city or town and state)
(Usual place of abode) yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 2nd, 1931.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

13. NAME M. O. Hardisty.

14. BIRTHPLACE (city or town) Idaho.
(State or country)

15. MAIDEN NAME Lavina Ann Windsor.

16. BIRTHPLACE (city or town) Walla Walla,
(State or country) Washington.

17. INFORMANT M. O. Hardisty
(Address) Lewiston, Idaho.

18. BURIAL, CREMATION, OR REMOVAL
Place Lewiston, Idaho. Date Oct. 3rd, 1931.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED 10/10/31 John L. Lyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 2nd, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1931, to Oct 2, 1931.

I last saw him alive on Oct 2, 1931; death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth
no known cause

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1931.

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) E. J. Benson, M. D.

(Address) Lewiston, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 196627

1. PLACE OF BIRTH

County of PowderCity of American FallsNo. 366108 039 255 St.

(If born in hospital or institution give name.)

Registration District No. 25 State File No. _____Prim. Registration District No. 2072 Local Registrar's No. 91

2. FULL NAME OF CHILD

WadeLoofbourn

3. Sex male If plural births { 4. Twin, triplet, or other — 6. Premature — 7. Legitimate? 720 8. Date of birth Nov 8, 1931
5. Number, in order of birth — Full term 720 mate? 720 (MONTH, DAY, YEAR)

9. Full name FATHER William Cecil Loofbourn10. Residence (usual place of abode) (If non-resident, give place and State) American Falls11. Color or race W 12. Age at last birthday 42 (years)13. Birthplace (city or place) (State or country) Ord, Neb.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at law15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —16. Date (month and year) last engaged in this work Nov 19 17. Total time (years) spent in this work 1727. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 128. If stillborn, period of gestation 44 months or weeks 29. Cause of stillbirth Missed labor Before labor 720 During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 3 P. m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

Registrar.

(Signed) M. C. McKinnon, M. D.or Abelton J. J., MidwifeAddress —Filed Dec-2, 1931 Grover Nott

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
Power		DEPARTMENT OF PUBLIC WELFARE		State File No. 77353	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH			
County of Power		Registration District No. 24		Local Registrar's No. 34	
City of American Falls		Primary Registration District No. 2472			
		(No. Bethany Deaconess Home & Hospital)			
(If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME Wade Loofbourrow					
(a) Residence. No. 745 Stevens		St. American Falls, Idaho			
(Usual place of abode)		born dead			
Length of residence in city or town where death occurred. yrs. mos.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX male	4. COLOR OR RACE white	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) Nov. 8, 1931					
7. AGE born dead	Years	Months	Days	If LESS than 1 day, hrs. min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. born dead					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) American Falls, Idaho (State or country)					
13. NAME W. C. Loofbourrow					
14. BIRTHPLACE (city or town) Ord, Nebraska (State or country)					
15. MAIDEN NAME Hazel W. Benson					
16. BIRTHPLACE (city or town) Litchfield, Minn. (State or country)					
17. INFORMANT W. C. Loofbourrow (Address) American Falls, Idaho					
18. BURIAL, CREMATION, OR REMOVAL Place Am. Falls, Ida. Date Nov. 9, 1931					
19. UNDERTAKER Davis Furniture & Undertaking (Address) A. W. Davis, Am. Falls, Ida.					
20. FILED 11-9, 1931 Carleton North Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) Nov 8, 1931					
22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1931 , to Nov 8, 1931					
I last saw him alive on Nov 8, 1931 death is said to have occurred on the date stated above, at 3:00 m.					
The principal cause of death and related causes of importance were as follows:					
Still born.					
Cause unknown.					
44th week of gestation					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1931					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? no					
If so, specify _____					
(Signed) M. C. Mark Union , M. D.					
(Address) Aberdeen, Idaho					

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls
City of Buhl
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S196646

Registration District No. 39 State File No. _____

Prim. Registration District No. 2087 Local Registrar's No. _____

FULL NAME OF CHILD Genevieve

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Apr 8</u> (Month) (Day) (Year) <u>1931</u>
-----------------------	---	--------------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 2 (a) Born alive and now living one

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>Ernest Harris</u>	MOTHER FULL MAIDEN NAME <u>Florence Burgess</u>
--	--

Residence (Usual place of abode) <u>Buhl Ida</u>	Residence (Usual place of abode) <u>Buhl Ida</u>
--	--

If nonresident, give place and State _____

Color or race <u>W</u>	Age at last Birthday <u>27</u> (Years)	Color or race <u>W</u>	Age at last Birthday <u>18</u> (Years)
------------------------	---	------------------------	---

Birthplace <u>Tenn</u> (City and State or Country)	Birthplace <u>Tenn</u> (City and State or Country)
---	---

Occupation <u>Farmer</u>	Occupation <u>Stew.</u>
--------------------------	-------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at 1 P.M. M.
on the date above stated. { Stillborn }

(Signature) E. F. Berry, M.D.

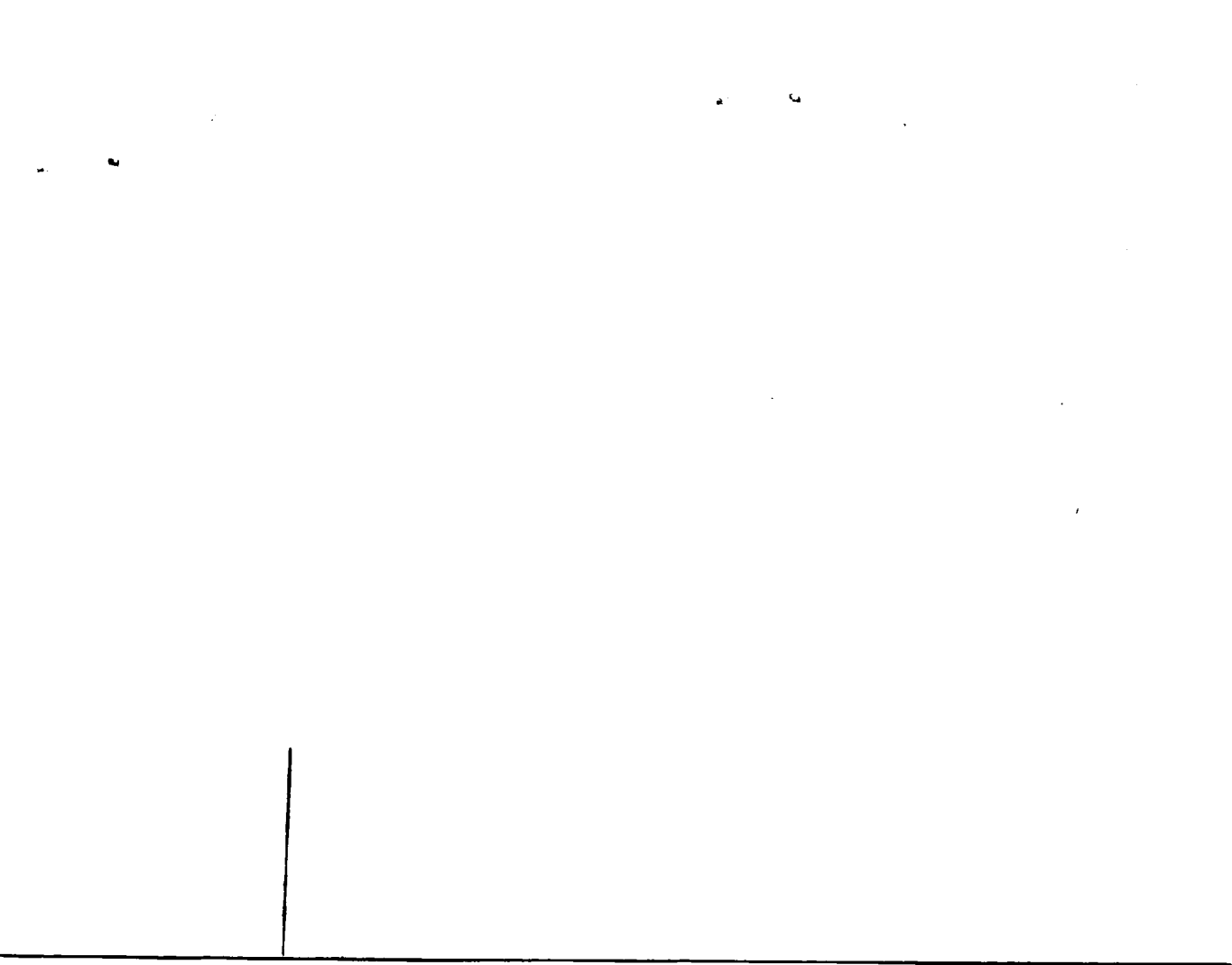
(Physician or midwife)

Address Buhl Ida

Filed 11-9 1931 J. H. Murphy

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



FORM V. S. No. 5-25 M.-1-19

DEC 1931

CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH

County of Trin Falls
City of BuhlRegistration District No. 39
Primary Registration District No. 2087
(No. _____ St.)File No. 77373
Registered No. _____

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME _____

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the word.)

6. DATE OF BIRTH

Nov 8 - 31
(Month) (Day) (Year)

7. AGE

W
Yrs. _____ Mos. _____ ds. _____IF LESS than 1 day
how many _____ hrs.
or _____ min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Buhl, Ida.

10. NAME OF FATHER

Ernest Morris

11. BIRTHPLACE OF FATHER

(State or Country) Idaho

12. MAIDEN NAME OF MOTHER

Flossie Burgess

13. BIRTHPLACE OF MOTHER

(State or Country) Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest Morris(Address) Buhl Ida15. Nov 9 1931
Filed J. H. Murphy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 8 - 31
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov 8 1931 to Nov 8 1931that I ~~last~~ saw ~~him~~ alive on _____ 19____
and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Death in illns - probably 3 or 4 days before death. Possible cause in exposure during confinement of mother
(Duration) _____ Yrs. _____ mos. _____ ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. H. Berry11-9-31 (Address) Buhl Ida M. D.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death _____ yrs. _____ mos. _____ days. In the State _____ yrs. _____ mos. _____ days

Where was disease contracted if not at place of death? _____

Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

At Home DATE OF BURIAL Nov. 9 1931

20. UNDERTAKER

None ADDRESS _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name or gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Prism Falls
City of Prism FallsNo. 362 3" Cve. Ex.495 222 042-231(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 37 State File No. _____Prim. Registration District No. 1085 Local Registrar's No. 430Donna Mae King
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>girl</u>	Twin Triplet or other? _____	and { Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>11 22 1931</u> (Month) (Day) (Year)
(To be answered only in event of plural births)				

What prophylactic was used to prevent Ophthalmia Neonatorum? RNumber of child of this mother, including present birth. 1st (a) Born alive and now living _____Born alive but now dead _____ Stillborn one

FATHER FULL NAME <u>Roy Clinton King</u>	MOTHER FULL MAIDEN NAME <u>Margaret Klaus</u>
---	--

Residence (Usual place of abode) Prism Falls

If non-resident, give place and State _____

Color or race white Age at last Birthday 22 (Years)Birthplace Michigan, U.S. (City and State or County)Occupation mechanicOccupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 5:15 P. M.
on the date above stated.(Signature) C. D. Weaver

(Physician or midwife)

Address Prism Falls, IdahoFiled 11/30 1931 Elizabeth J. Smith
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1971

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

APR 17 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77381

State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin FallsRegistration District No. 37Primary Registration District No. 1085(No. 362-3rd ave East)Local Registrar's No. 182

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Dora Mae Mingo(a) Residence. No. 362-3rd ave East St.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) Still born

7. AGE — Years — Months — Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Twin Falls, Ida
(State or country)

PARENTS

10. NAME OF FATHER Roy C. Mingo11. BIRTHPLACE OF FATHER (city or town) No Dak
(State or Country)12. MAIDEN NAME OF MOTHER Margaret Klaus13. BIRTHPLACE OF MOTHER (city or town) No-Dak
(State or Country)14. Informant (Address) Roy C Mingo
362-3rd ave East15. Filed 12/5, 1931. Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov
(Month)22
(Day)1931
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at 520 Pm*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Stillborn baby
due to prolonged
labor & torsion of uterus.
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) S. C. Phillips, M. D.11-23, 1931 (Address) Twin Falls, Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Nov 24 1931

20. Undertaker

Address

S. C. Phillips Twin Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

County of Twin Falls
City of Twin Falls
No. 265 St.

CERTIFICATE OF BIRTH 196701

T. F. Co. Hosp.
(If born in hospital or institution give name.)

Registration District No. 37 State File No. _____
Prim. Registration District No. 2085 Local Registrar's No. 439

2. FULL NAME OF CHILD Still Birth

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov. 8, 1931</u> (MONTH, DAY, YEAR)
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9. Full name FATHER
Harold T. Koenig

18. Full maiden name MOTHER
Edith Newbry

10. Residence (usual place of abode)
(If non-resident, give place and State) Hansen, Ida.

19. Residence (usual place of abode)
(If non-resident, give place and state) Hansen, Idaho.

11. Color or race W 12. Age at last birthday 25 (years)

20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Seattle, Wash.
(State or country)

22. Birthplace (city or place) Kimberley, Idaho.
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work present, 19____

25. Date (month and year) last engaged in this work present, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation 8 1/2 months or weeks 29. Cause of stillbirth accident (automobile) Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 A m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John T. Douglas, M. D.

Give name added from a supplemental report _____
(DATE OF)

or _____, Midwife
Address Twin Falls, Idaho

Filed 11/30, 1931. Elizabeth J. Smith
Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

DEC 17 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
77387
State File No.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2285(No. County General Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 175

2. FULL NAME

(a) Residence No. Baby Koenig

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. Single. Married. Widowed,
or Divorced (write the word.)single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

Nov 8-1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

0000

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Twin Falls
Idaho

10. NAME OF FATHER

Harold Koenig11. BIRTHPLACE OF FATHER (city or town)
(State or Country)Seattle
Washington

12. MAIDEN NAME OF MOTHER

Edith Newby13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)Pemberton
Idaho

14.

Informant
(Address)Harold Koenig
Hansen Ida Route #1

15.

Filed 2/5 1931Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov831

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

June 31, 1931, to Nov 8, 1931.that I last saw him alive on Nov 3, 1931.

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Mother received severe blow
over lower abdomen in auto
accident when 8 mos & 2 weeks
Pregnant - on 10-31-31

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

Robert Coughlin M. D.Nov 31 1931 (Address) Twin Falls Ida

19. Place of Burial, Cremation, or Removal

Date of Burial

Twin Falls Cemetery Nov 9 1931

20. Undertaker

Address

White Mortuary Inc Twin Falls

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications. as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 10 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

196717

S

County of Washington
City of Wiser
No. 56-122-044-693 St.

CERTIFICATE OF BIRTH

Registration District No. 86 State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. 2112 Local Registrar's No. 43

FULL NAME OF CHILD

Still Born

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	{ and } Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Nov. 22</u> <u>1931</u> (Month) (Day) (Year)
--------------------------	---	---	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2 (a) Born alive and now living 0

Born alive but now dead 1 Stillborn 1

FATHER	MOTHER
FULL NAME <u>Kenneth La Vern Jeffries</u>	FULL MAIDEN NAME <u>Ga Nell Wilburn</u>
Residence (Usual place of abode) <u>Crane Creek</u>	Residence (Usual place of abode) <u>Crane Creek</u>
If non-resident, give place and State _____	If non-resident, give place and State _____
Color or race <u>White</u> Age at last Birthday <u>24</u> (Years)	Color or race <u>white</u> Age at last Birthday <u>18</u> (Years)
Birthplace <u>Pullman Washington</u> (City and State or County)	Birthplace <u>Payette Ida.</u> (City and State or County)
Occupation <u>Labourer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

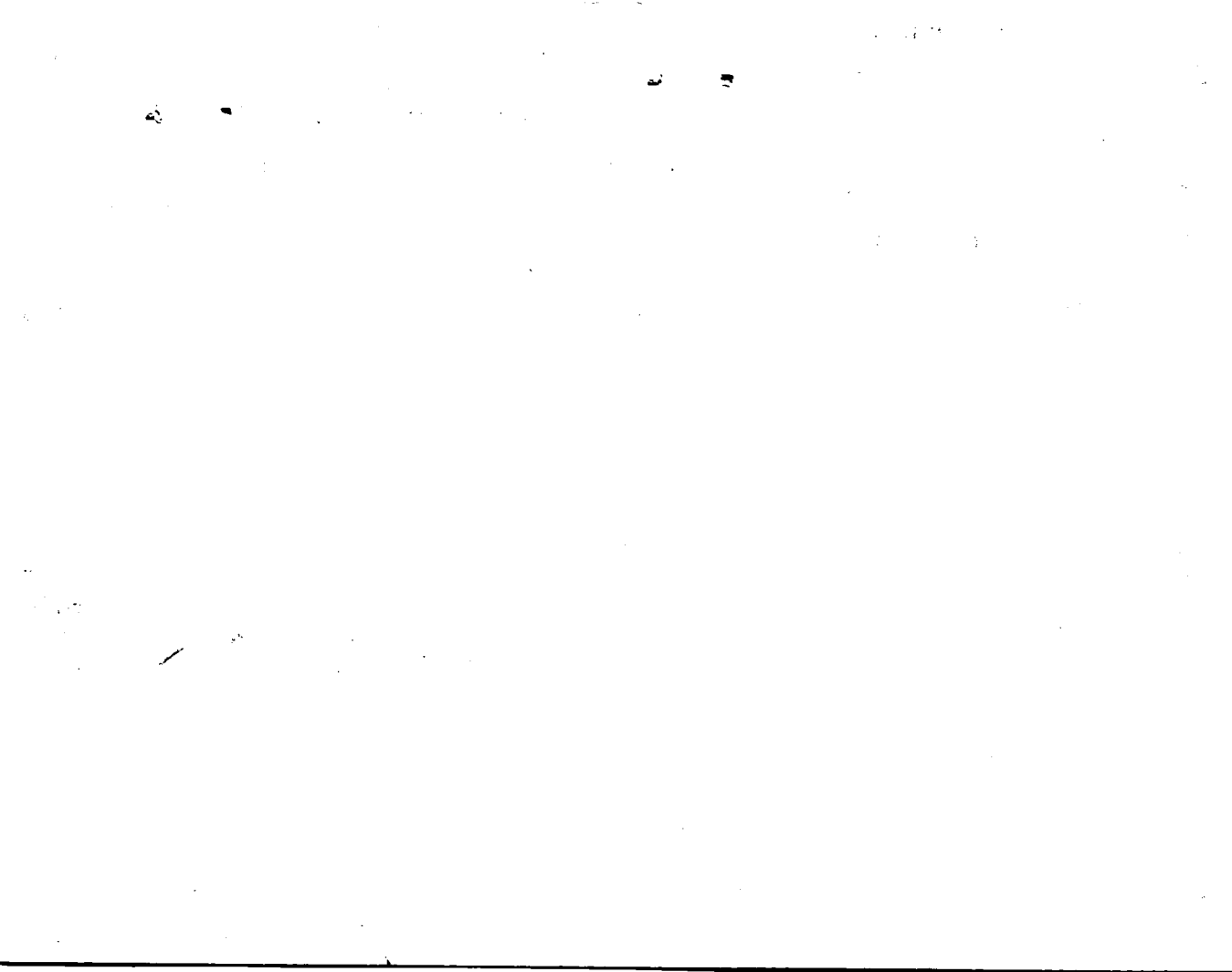
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 6:26 P. M. on the date above stated.

(Signature) Hyden Kancher, M.D.
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address _____

Filed Dec 3 1931 W. P. Hamilton Registrar.
E. J.



FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County of Washington
City of WesleyRegistration District No. 86
Primary Registration District No. 2112
(No., St.)State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 77393
Registered No. 27

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Baby Jeffries

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED single
(Write the word.)6. DATE OF BIRTH Nov 22 1931
(Month) (Day) (Year)7. AGE Stillborn IF LESS than 1 day
how many hrs.
Yrs. Mos. ds. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)9. BIRTHPLACE Idaho
(State or Country)10. NAME OF FATHER Laverne Jeffries11. BIRTHPLACE OF FATHER Wash.
(State or Country)12. MAIDEN NAME OF MOTHER Jay Nell Wilburin13. BIRTHPLACE OF MOTHER Idaho
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laverne Jeffries
(Address) Wesley, Idaho15. Filed Dec 7 1931 W. R. Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 27 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1931, to Nov. 22 1931
that I last saw him alive on 19.....
and that death occurred on the date stated above, at M.
The CAUSE OF DEATH* was as follows:Stillborn

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Hyden Hancher M. D.Nov. 23, 1931 (Address) Wesley - Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL Thellert Cemetery DATE OF BURIAL 11-23 193120. UNDERTAKER L. G. Northam ADDRESS Wesley, Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada 437128
City of Boise 001-792

No. St. Alphonsus St.

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

William Gibbons McPike

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Apr. 21, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Harry Charles McPike

10. Residence (usual place of abode) Boise, Ida
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place) San Antonio, Tex
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work Dec. 31, 1931

17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Marg Alice Gibbons

19. Residence (usual place of abode) Boise, Ida
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Tonal, Idaho
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead 1 (c) Stillborn yes

28. If stillborn, { months or weeks } period of gestation _____ 29. Cause of stillbirth unknown { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 5 a m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Stanley T. Hobbs, M. D.

Give name added from a supplemental report _____

or _____ Midwife

Address Eastman Bldg, Boise, Idaho

Filed _____, 1931

Registrar.

Registrar.

[REDACTED]

[REDACTED]

[REDACTED]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

PHYSICIAN

RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

75035

State File No.

PLACE OF DEATH

County of Ada
City of Boise

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 141
(No. St. Alphonsus Hos.)

2. FULL NAME

(If death occurred in a hospital or institution, give its name instead of street and number.)
William Gibbons W. Pike (Stillbirth)
(a) Residence No. 122 Warm Springs Ave. St.
(Usual place of abode.) (If nonresident give city or town and State.)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
April 28-1931

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant
(Address)

15.

Filed

5-4, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH.

April 28, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

April 28, 1931, to April 28, 1931
that I last saw him alive on April 28, 1931
and that death occurred, on the date stated above, at 8:30 a.m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH was as follows:

Still Birth

..... (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harold T. Nokes M. D.
4-29, 1931 (Address) Eastman Bldg
Boise

19. Place of Burial, Cremation or Removal

Date of Burial

St. John's Cemetery 4/29 1931

20. Undertaker

Address

Schreiber & McCann Boise

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill:** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH 331103
County of Bannock
City of Pocatello
No. St. Anthony St.

Hosp
(If born in hospital or institution
give name.)

FULL NAME OF CHILD William Clark
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> }</u> and <u> }</u> (To be answered only in event of plural births)	Number in order of birth	Legiti- mate? <u>yes</u>	Date of Birth <u>12/3/31</u> (Month) (Day) (Year)
--------------------------	---	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 5 (a) Born alive and now living 4
Born alive but now dead 1 Stillborn I

FATHER FULL NAME <u>Thomas Clark</u> Residence (Usual place of abode) <u>359 Park Ave</u> If non-resident, give place and State Color or race <u>W</u> Age at last Birthday <u>33</u> (Years) Birthplace <u>Plymouth, Utah</u> (City and State or County) Occupation <u>Gas engineer</u>	MOTHER FULL MAIDEN NAME <u>Yula M Wright</u> Residence (Usual place of abode) <u>359 Park Ave.</u> If non-resident, give place and State Color or race <u>W</u> Age at last Birthday <u>26</u> (Years) Birthplace <u>Kansas City, Miss.</u> (City and State or County) Occupation <u>H. W.</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

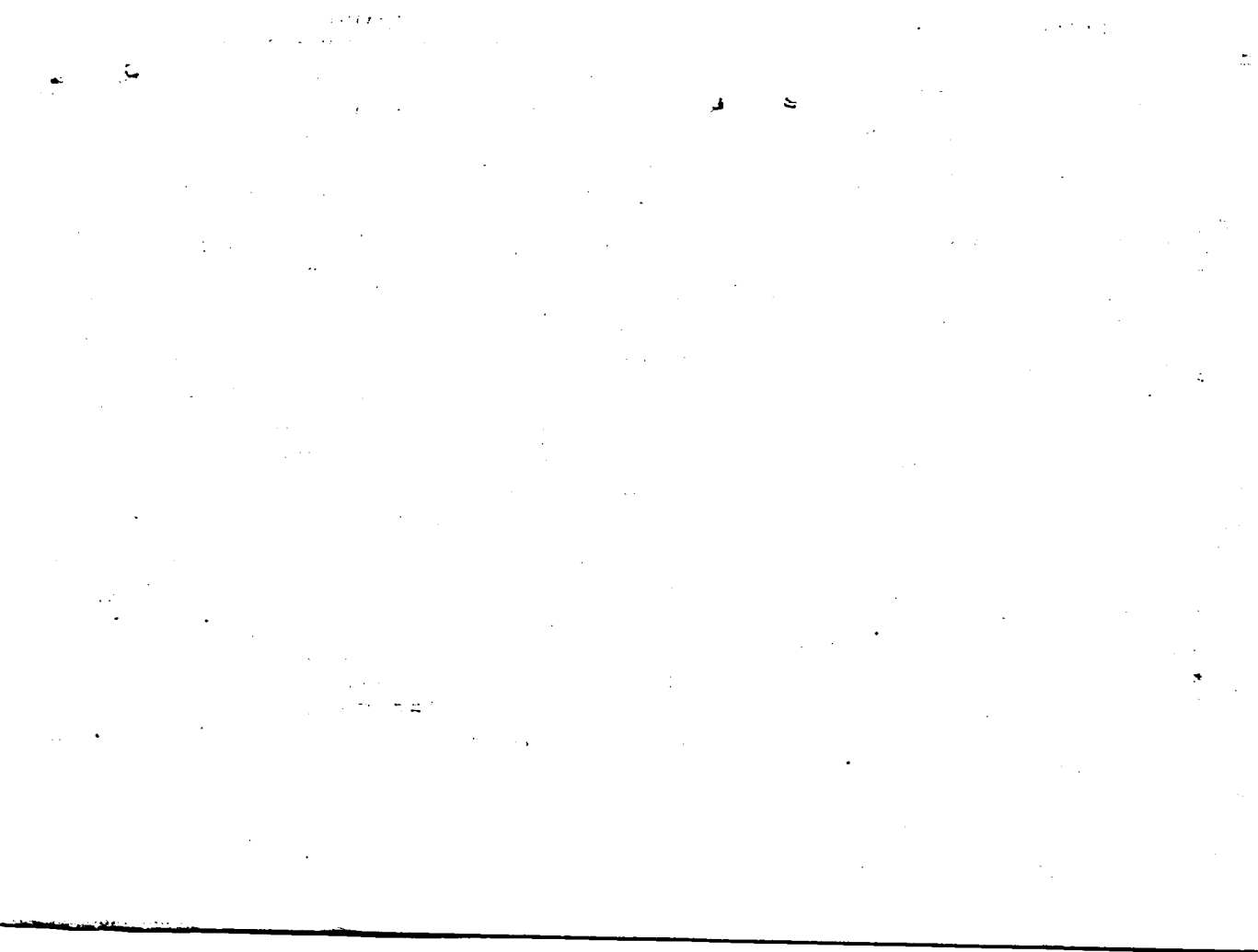
I hereby certify that I attended the birth of this child, who was Stillborn at 8:45 A. M.
on the date above stated.

(Signature) D. C. Ray

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)
Address Pocatello, Idaho
Filed 12-31-1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
JAN 13 1937
S196849



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE State File No. 77456	
PLACE OF DEATH County of <u>Bannock</u> City of <u>Pocatello</u>		CERTIFICATE OF DEATH Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> (No. <u>St. Anthony's Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Infant Clark</u> (a) Residence. No. <u>Pocatello, Idaho.</u> St. _____ (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)		206 Local Registrar's No. <u>196</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		21. DATE OF DEATH (month, day, and year) <u>Dec. 3, 1931.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Dec. 3, 1931.</u>		22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to <u>Dec 3</u> , 1931.	
7. AGE <u>Still-born</u>	Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min.	I last saw him alive on _____, 1931; death is said to have occurred on the date stated above, at _____ m.	
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u> 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		The principal cause of death and related causes of importance were as follows: <u>Still born due to placental blood delayed in pelvis.</u>	
		Other contributory causes of importance: _____ Date of onset _____	
12. BIRTHPLACE (city or town) (State or country) <u>Pocatello, Idaho.</u>		Name of operation _____ Date of _____	
13. NAME <u>Thomas H. Clark</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or country) <u>Utah.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____	
15. MAIDEN NAME <u>Yula Marie Wright</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____ (Address) <u>Pocatello, Idaho.</u> M. D.	
16. BIRTHPLACE (city or town) (State or country) <u>Kansas City, Missouri.</u>			
17. INFORMANT <u>Thomas H. Clark</u> (Address) <u>Pocatello, Idaho.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Pocatello, Ida.</u> Date <u>Dec. 4, 1931</u>			
19. UNDERTAKER <u>Arthur W. Hall</u> (Address) <u>Pocatello, Idaho.</u>			
20. FILED <u>Dec. 4, 1931.</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH

County of Bingham
City of Aberdeen

No. 819-11706947 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 196959

Registration District No. 116 State File No. 58

Prim. Registration District No. 2195 Local Registrar's No.

2. FULL NAME OF CHILD Frankie Harrington

3. Sex Male	4. Twin, triplet, or other <i>If plural births</i>	5. Number, in order of birth	6. Premature Yes	7. Legitimate? Yes	8. Date of birth Dec. 17 , 1931 (MONTH, DAY, YEAR)
9. Full name FATHER Elza Ray Harrington			18. Full maiden name MOTHER Mary Jane Rupe		
10. Residence (usual place of abode) (If non-resident, give place and State) Sterling Idaho			19. Residence (usual place of abode) (If non-resident, give place and State) Sterling		
11. Color or race W		12. Age at last birthday 26 (years)		20. Color or race W	
13. Birthplace (city or place) (State or country) Jay Oklahoma		22. Birthplace (city or place) (State or country) Blackfoot Idaho		21. Age at last birthday 24 (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home	
	16. Date (month and year) last engaged in this work Now , 19__			25. Date (month and year) last engaged in this work Now , 19__	
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 4			28. If stillborn, period of gestation 5 1/2 months or weeks		
29. Cause of stillbirth Premature labor			Before labor During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **stillborn** at **9 p** m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) M. C. Martin, M. D.

Give name added from a supplemental report

(DATE OF)

or _____, Midwife

Address Aberdeen Idaho

Filed 12/17, 1931 M. C. Martin

Registrar.

Registrar.

RECEIVED

1961

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C. 20250

OFFICE OF THE SECRETARY

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bingham</u>		CERTIFICATE OF DEATH		State File No. <u>77480</u>	
City of <u>Aberdeen</u>		Registration District No. <u>116</u>		Local Registrar's No. <u>13</u>	
		Primary Registration District No. <u>2195</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Frankie Harrington</u>					
(a) Residence. No. _____ St. <u>Sterling</u> <u>Idaho</u>					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>December 17</u>					
7. AGE		Years	Months	Days	If LESS than 1 day, _____ hrs. or min.
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Aberdeen</u> (State or country) <u>Idaho</u>					
FATHER					
13. NAME <u>Elza Ray Harrington</u>					
14. BIRTHPLACE (city or town) <u>Jay</u> (State or country) <u>Oklahoma</u>					
MOTHER					
15. MAIDEN NAME <u>Mary Jane Rupe</u>					
16. BIRTHPLACE (city or town) <u>Blackfoot</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>E. R. Harrington</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Aberdeen</u> Date <u>Dec 17, 1931</u>					
19. UNDERTAKER <u>Friends</u> (Address) <u>Aberdeen</u>					
20. FILED <u>12/ 17, 1931</u> <u>M. C. McKenna</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec 17</u> 193 <u>1</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____ _____, 193____, to _____, 193____					
I last saw h. _____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillbirth</u> <u>Premature birth 5 1/2 Mo.</u>					
Other contributory causes of importance: _____					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>M. C. McKenna</u> M. D.					
(Address) <u>Aberdeen, Idaho</u>					

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

349-109-206-245
RECEIVED JAN 6 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 197000

1. PLACE OF BIRTH
County of Bingham
City of Firth
No. Rd St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Still birth

Male Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____
5. Number, in order of birth _____ Full term _____ mate? yes 8. Date of birth Sept 9, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER L. A. Curtis 18. Full maiden name MOTHER Emily Mehan

10. Residence (usual place of abode) (If non-resident, give place and State) Firth Id. 19. Residence (usual place of abode) (If non-resident, give place and State) Firth Id.

11. Color or race W 12. Age at last birthday 46 (years) 20. Color or race _____ 21. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or country) Burville, Utah 22. Birthplace (city or place) (State or country) Bea Lake, Id.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Trimmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Sept 1931 17. Total time (years) > spent in this work 1 OCCUPATION 25. Date (month and year) last engaged in this work Sept 1931 26. Total time (years) > spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9th months or weeks 29. Cause of stillbirth One strangulation Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Shelburn at 3 P m. on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. C. Guyett, M. D.

Give name added from a supplemental report _____

or _____, Midwife

Address Shelley Id.

Filed _____, 1931

Registrar.

Registrar.

STATE OF TEXAS

11

22

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JAN 4 1932

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

197095

S

County of Canyon

City of Fairfield

No. 866-120-013-749 St.

Hospital Fairfield

Registration District No. 58 State File No.

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD

(Certificate of no value without full name of child)

Sex of Child Male Twin Triplet or other? and { Number in order of birth Legitimate? Yes Date of birth May 20 1923
(To be answered only in event of plural births) (Month) (Day) (Year)

What bactericidal solution was used in eyes? none still born

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	RESIDENCE	FULL MAIDEN NAME	RESIDENCE
<u>David Arthur Haward</u>	<u>Heer City</u>	<u>Agnis Gurke</u>	<u>Heer City</u>
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>27</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)
BIRTHPLACE <u>Oklaoma</u>		BIRTHPLACE <u>South Dakota</u>	
OCCUPATION <u>Rancher</u>		OCCUPATION <u>house keeping</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) W. H. Harkinson

(Physician or midwife)

Address Fairfield Idaho

Filed July 15 1923 Alice Turner Registrar.

Registrar.

WRITE PLAINLY USING UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Caribou
City of Soda Springs

No. 442716 St. 015314

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 82 State File No. 197161

Prim. Registration District No. 2159 Local Registrar's No. 22

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? <u>—</u>	and	Number in order of birth <u>—</u>	Legiti- mate? <u>yes</u>	Date of birth <u>July 16</u> 19 <u>31</u>
					(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living 0

Born alive but now dead 0 Stillborn 1

FATHER
FULL NAME Lee Dubach

MOTHER
FULL MAIDEN NAME Della Hadulie

Residence (Usual place of abode)

Residence (Usual place of abode)

If non-resident, give place and State Wayan Idaho

If non-resident, give place and State Wayan Idaho

Color or race white Age at last Birthday 23 (Years)

Color or race white Age at last Birthday 23 (Years)

Birthplace Wayan Idaho

Birthplace Wayan Idaho

Occupation Laborer

Occupation Laborer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 a M.
on the date above stated.

(Signature) Russell Tipt

(Physician or midwife)

Address Soda Springs, Idaho

Filed 8/31 1931 Dr. Russell Tipt

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

PASS TWIN BC 1931-193942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-A-25M-1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Caribou

Registration District No. 82

City of Soda Springs

Primary Registration District No. 2159

State File No. 76244

Local Registrar's No. 58

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME Infant Dubach

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

Male white Single
(Write the word)

6. DATE OF BIRTH

July 16 1931
(Month) (Day) (Year)

7. AGE

Stillborn
IF LESS than 1 day how many
Yrs. Mos. ds. hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) Idaho

10. NAME OF

Father Lee Dubach

11. BIRTHPLACE

OF FATHER Wayan Ida
(State or Country)

12. MAIDEN NAME

OF MOTHER Della Hadlerie

13. BIRTHPLACE

OF MOTHER Thayne, Wyo
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Dubach
(Address) Wayan, Ida

15.

Filed 8/31 1931 Dr. Russell Sigmund
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

July 16 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

July 16 1931 to July 16 1931,
that I last saw h. Stillborn 19

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Asphyxia pallida
medica

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. Russell Sigmund, M. D.

7/16/1931 (Address) Soda Springs, Ida

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?

Former or
usual residence Wayan, Ida

19. PLACE OF BURIAL OR REMOVAL

Soda Springs Ida

DATE OF BURIAL

7/16 1931

20. UNDERTAKER

Edwin

ADDRESS

Soda Springs

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of CassiaCity of BurleyNo. 718-230-016 St. 259

(If born in hospital or institution give name.)

RECEIVED JAN 8 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTHS
197169

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Julian

3. Sex <u>Girl</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 30</u> , 193 <u>2</u> (MONTH, DAY, YEAR)
9. Full name FATHER <u>Julian Paquequi</u>				18. Full maiden name MOTHER <u>Grace Berrochea</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		
11. Color or race _____		12. Age at last birthday <u>3.2</u> (years)		20. Color or race _____		21. Age at last birthday <u>2.4</u> (years)
13. Birthplace (city or place) (State or country) <u>Spain</u>				22. Birthplace (city or place) (State or country) <u>Spain</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____			

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 128. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth Intra Uterine Asphyxia Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:15 m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

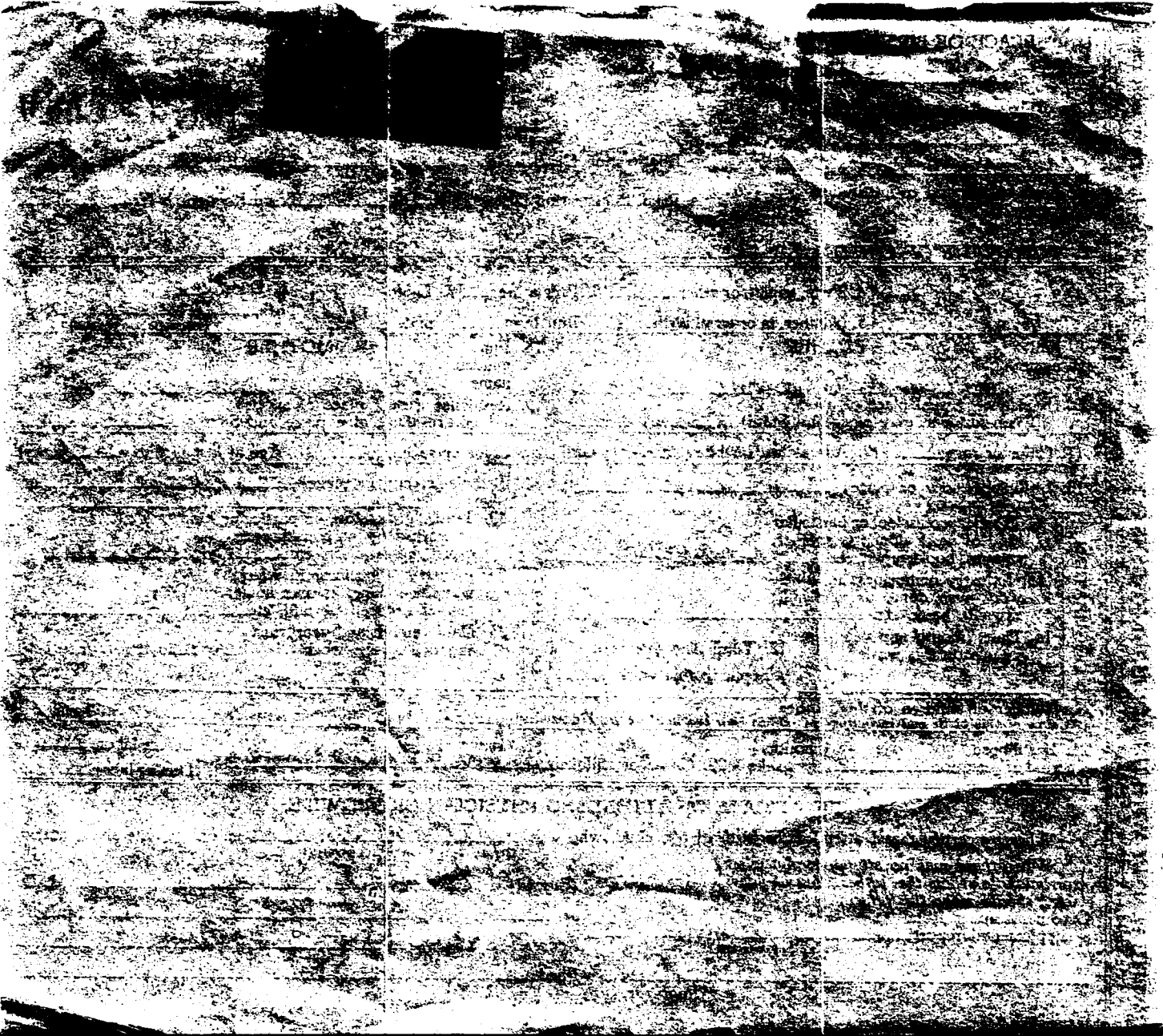
(Signed) Hugh E. Dean M. D.

or _____, Midwife

Address Burley, IdahoFiled _____, 1932

Registrar.

Registrar.



RECEIVED JUN 13 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75184

State File No.

PLACE OF DEATH

County of CassiaCity of Burley

Registration District No.

Primary Registration District No.

(No.)

Local Registrar's No.

2. FULL NAME

Baby Paguegui

(a) Residence No.

St.

(Usual place of abode.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs

mos.

ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W5. Single, Married, Widowed,
or Divorced (write the word.)S5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

May 30 - 1931

7. AGE

Years

Months

Days

If LESS than 1 day,

hrs. or

min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Burley Ida

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town)
(State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)

PARENTS

14.

Informant
(Address)

15.

Filed 6-1-31, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May 30, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

May 30, 1931, to May 31, 1931that I last saw has alive on May 31, 1931and that death occurred, on the date stated above, at 6 P. m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Infantile tetanus as a consequenceCONTRIBUTORY
(Secondary)18. Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Physician(Signed) W. E. Johnson, M. D.May 31, 1931 (Address) Burley, Id.

19. Place of Burial, Cremation, or Removal

Date of Burial

Burley IdaMay 31 1931

20. Undertaker

Address

W. E. JohnsonBurley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women** at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.,** of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-206-217-364
PLACE OF BIRTH

County of Clark
City of Subois
No. _____ St. _____

(If born in hospital or institution
give name.)

Registration District No. 125 State File No. _____

Prim. Registration District No. 2203 Local Registrar's No. _____

FULL NAME OF CHILD

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female Twin Triplet or other? and Number in order of birth 1 Legitimate? Yes Date of birth Nov 6 1931
(To be answered only in event of plural births) (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 6 (a) Born alive and now living 5

Born alive but now dead _____ Stillborn one

FATHER
FULL NAME Joseph S. Clegg
Residence (Usual place of abode) Subois Idaho

If nonresident, give place and State _____

Color or race White Age at last Birthday 46 (Years)

Birthplace Utah (City and State or Country)

Occupation Farmer

MOTHER
FULL MAIDEN NAME Etta May Lougee
Residence (Usual place of abode) Subois Idaho

If nonresident, give place and State _____

Color or race White Age at last Birthday 30 (Years)

Birthplace Idaho (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive { Stillborn } at 10:30 a M.
on the date above stated.

(Signature) Mrs Robinette

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Address Subois Idaho

Filed Nov 6 1931 W E Jones MD

Registrar.

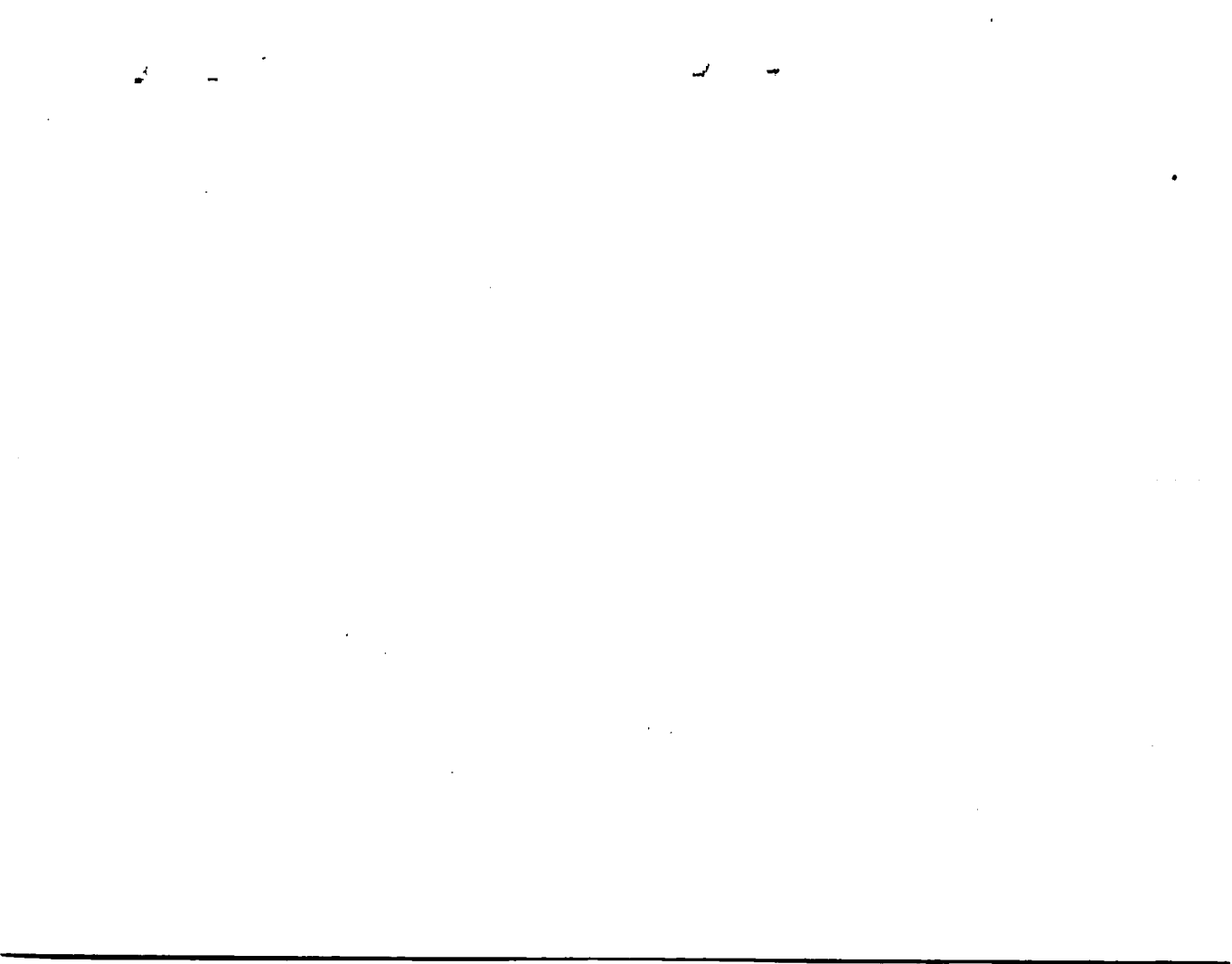
STATE OF IDAHO JAN 4 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

197186

S



RECEIVED JAN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 77507

PLACE OF DEATH
County of Clark
City of SuboisRegistration District No. 125
Primary Registration District No. 125Local Registrar's No. 206(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)2. FULL NAME Stillborn(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX _____ 4. COLOR OR RACE _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day and year) Nov 6, 1931

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Subois Idaho
(State or country)10. NAME OF FATHER Joseph S Cleary11. BIRTHPLACE OF FATHER (city or town) Utah
(State or Country)12. MAIDEN NAME OF MOTHER Estia May Longue13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)14. Informant J S Cleary
(Address) Subois Idaho15. Filed Nov 6, 1931 W E Jones M D
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 6, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Stillborn

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W E Jones, M. D.
Nov 6, 1931 (Address) Subois Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Subois Idaho Date of Burial Nov 8, 193120. Undertaker None Address _____

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. *Examples: **Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated **unknown.**

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF RECEIVED JAN 4 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

168
S 1931

County of Clearwater
City of Prosser Idaho
No. 299-2018 2965

CERTIFICATE OF BIRTH 197197

Registration District No. 70 State File No. _____

Prim. Registration District No. 2187 Local Registrar's No. 108

2. FULL NAME OF CHILD Baby Burger

3. Sex female If plural births ✓ 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature yes 7. Legitimate? no 8. Date of birth 12-1-1931 (MONTH, DAY, YEAR)

9. Full name FATHER Harvey Burger 18. Full maiden name MOTHER Kathie Brown

10. Residence (usual place of abode) (If non-resident, give place and State) Prosser RFD 19. Residence (usual place of abode) (If non-resident, give place and state) Prosser RFD

11. Color or race W 12. Age at last birthday 41 (years) 20. Color or race W 21. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or country) Oregon 22. Birthplace (city or place) (State or country) Southwest Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work all 25. Date (month and year) last engaged in this work ✓ 26. Total time (years) spent in this work ✓

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 2

28. If stillborn, period of gestation 7 1/2 mo months or weeks 29. Cause of stillbirth Birth & land and are about need effort Before labor no During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9 30 a. m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

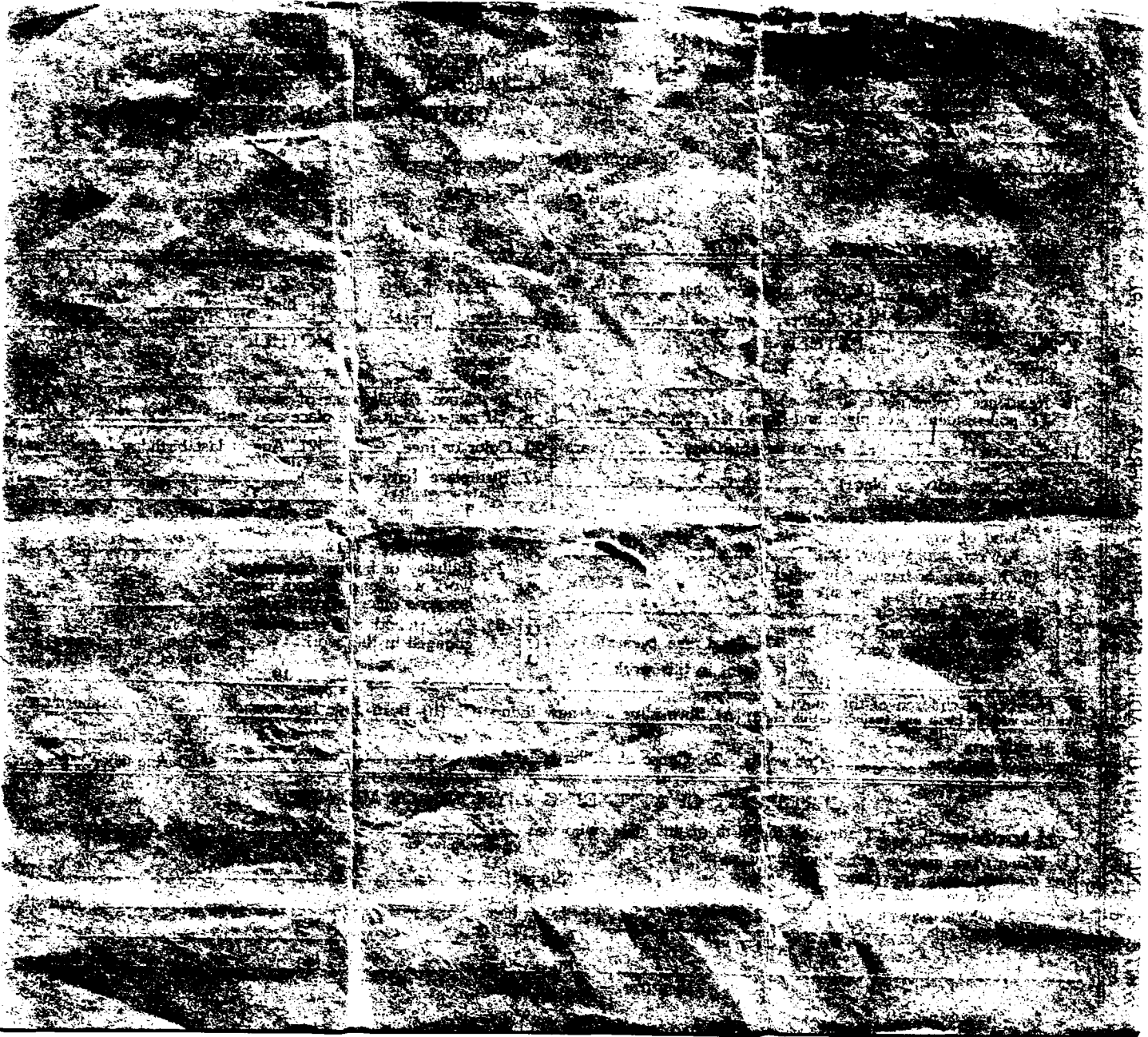
Registrar.

(Signed) M. D. M. D.

or _____ Midwife

Address Prosser Idaho

Filed Dec 31, 193 1931 Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

RECEIVED JAN 1 1931

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 77515

PLACE OF DEATH

County of Clearwater
City of Orofino, Ida

CERTIFICATE OF DEATH

Registration District No. 90
Primary Registration District No. 2187
(No. Hayden Maternity Home)

Local Registrar's No. 75

2. FULL NAME

(a) Residence No. R21, Orofino, Idaho

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs mos ds.

(If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single. Married. Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 12/1/31

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Orofino, Idaho
(State or country)

10. NAME OF FATHER Harvey Biegert

11. BIRTHPLACE OF FATHER (city or town) Oregon
(State or Country)

12. MAIDEN NAME OF MOTHER Esther Brown

13. BIRTHPLACE OF MOTHER (city or town) Idaho
(State or Country)

14. Informant Harvey Biegert
(Address) Orofino, Idaho

15. Filled Dec 1, 1931

W. A. Shaw
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

12 - 1 - 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended decas d from

19 to 19

that I last saw h. alive on 19

and that death occurred, on the date stated above, at m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Born dead: Constructed
Cord around left ankle and
breach presentation and delivery

(duration) yrs. mos. ds.

CONTRIBUTORY Shock to mother
(Secondary) two weeks ago -

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A. Robinson M. D.
12/1, 1931 (Address) Orofino, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

Gilbert, Idaho

12/2 1931

20. Undertaker

Address

Orofino, Monticary, Orofino, Ida

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoncum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer
City of Challin

No. 813-212-019-751 St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 108 State File No. S

Prim. Registration District No. 2186 Local Registrar's No. 23

Still birth
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u>and</u>	Number in order of birth <u>1</u>	Legiti- mate? <u>yes</u>	Date of birth <u>Nov. 11</u> 19 <u>31</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 8 (a) Born alive and now living

Born alive but now dead Stillborn

FULL NAME <u>Paul E. Hoger</u>	FATHER	FULL MAIDEN NAME <u>Bora Swartz</u>	MOTHER
--------------------------------	--------	-------------------------------------	--------

Residence (Usual place of abode) Challin

If non-resident, give place and State

Color or race white Age at last Birthday 38 (Years)

Birthplace Chicago, Ill. (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 4 P. M.
on the date above stated.

(Signature) C. L. Kirtley M.D.

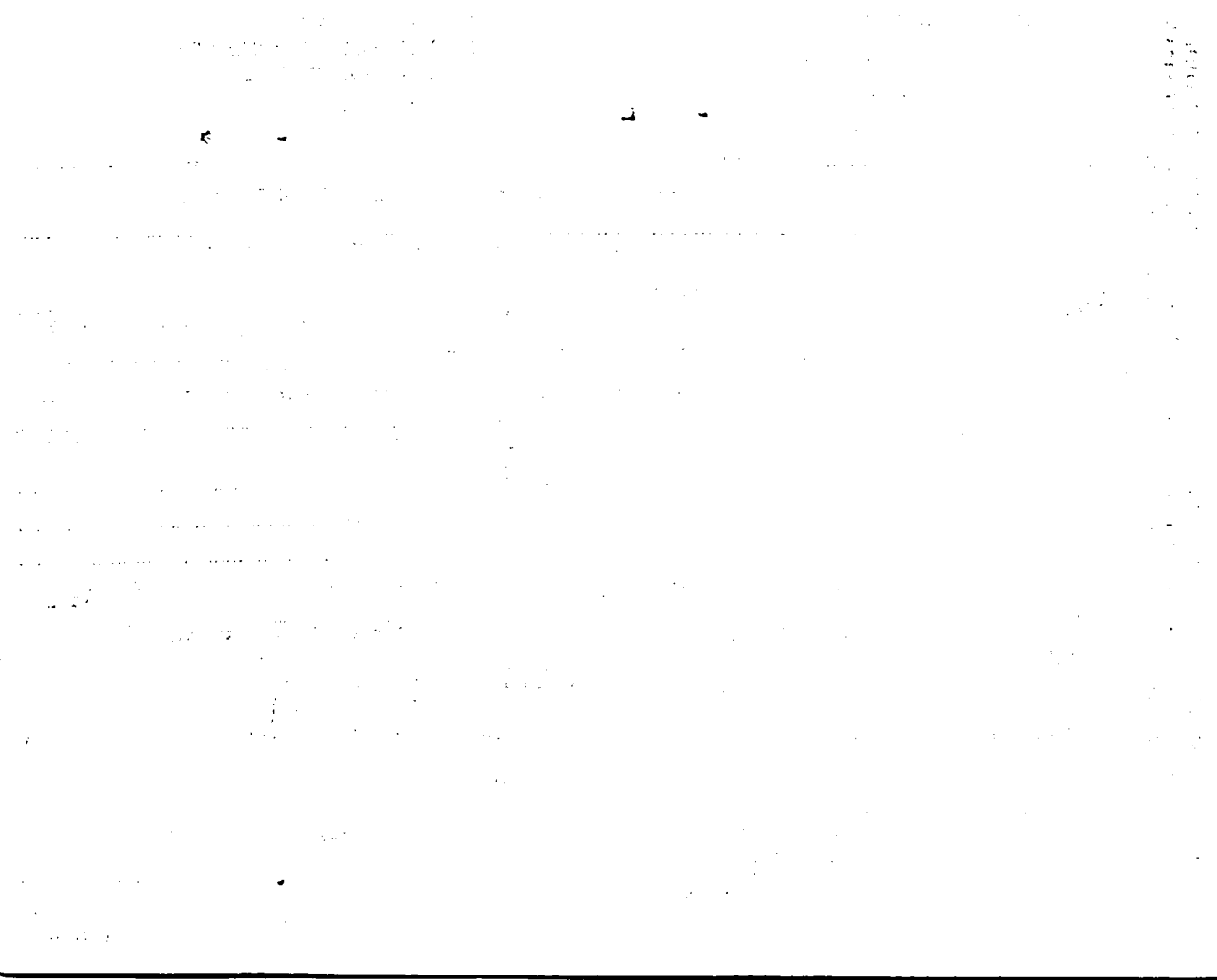
Challin, S.D.
(Physician or midwife)

Address

Filed Dec 15 1931 Edna M. Kirtley

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Buta
City of Challis

Registration District No. 108Primary Registration District No. 2186

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Steve Smith

(a) Residence. No. _____ St. _____

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word.)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Nov. 14, 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Challis, Ida.
(State or country)10. NAME OF FATHER Paul E. Hacker11. BIRTHPLACE OF FATHER (city or town) Chicago, Ill.
(State or Country)12. MAIDEN NAME OF MOTHER Dora Shonart13. BIRTHPLACE OF MOTHER (city or town) Lomax Co. Iowa
(State or Country)14. Informant Paul E. Hacker
(Address)15. Filed Dec 15, 1931 Edna M. Conner
Registrar.

RECEIVED JAN 11 1932

DO NOT WRITE IN THIS SPACE

State File No. 77708Local Registrar's No. 130

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov 12, 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1931 to Nov 12, 1931

that I last saw him alive on born dead, 19____
and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Not Known

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. B. Kirtley M. D.12/27, 1931 (Address) Challis, Ida.

19. Place of Burial, Cremation, or Removal Date of Burial

Challis, Ida. Nov. 12, 1931

20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. **sepsis, tetanus**) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Glenn
City of Glenns Ferry
No. _____ St. _____

168-218020-793
(If born in hospital or institution give name.)

RECEIVED JAN 5 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 198211

Registration District No. 35 State File No. _____

Prim. Registration District No. 2021 Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Johnson

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Dec 18, 1931
(MONTH, DAY, YEAR)

9. Full name Clarence W Johnson FATHER 18. Full maiden name Anna K Gillis MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color White 12. Age at last birthday 31 (years) 20. Color or race _____ 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Minnesota 22. Birthplace (city or place) (State or country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work Dec 17, 1931 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth Albuminuria { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 11 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) D. J. W. Davis M. D.

or _____ Midwife
Address Glenns Ferry, Ida

Filed Dec 20 1931 M. Sullivan

Give name added from a supplemental report _____ (DATE OF) _____

Registrar.

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 77518 State File No.	
PLACE OF DEATH County of <u>Elmore</u> City of <u>Glenn's Ferry</u>		Registration District No. <u>35</u> Primary Registration District No. <u>2021</u>	
(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Baby Johnson</u>			
(a) Residence. No. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u> 4. COLOR OR RACE <u>white</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>Dec 18-1931</u>			
7. AGE Years Months Days If LESS than 1 day, hrs. or min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		12. BIRTHPLACE (city or town) (State or country) <u>Glenn's Ferry Ida</u>	
13. NAME <u>Clarence Johnson</u>		14. BIRTHPLACE (city or town) (State or country) <u>Minnesota</u>	
15. MAIDEN NAME <u>Anna Gillis</u>		16. BIRTHPLACE (city or town) (State or country) <u>Utah</u>	
17. INFORMANT (Address) <u>Clarence Johnson</u>		18. BURIAL INFORMATION OR REMOVAL Place <u>Glenn's Ferry</u> Date <u>Dec 19 1931</u>	
19. UNDERTAKER (Address) <u>C. Johnson</u>		20. FILED <u>Dec 20, 1931</u> <u>Mary E Sullivan</u> Registrar.	
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Dec 18 1931</u>			
22. I HEREBY CERTIFY, That I attended deceased from, 193..., to, 193...			
I last saw him alive on, 193...; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:			
<u>Stillborn</u>			
Other contributory causes of importance:			
Name of operation. Date of What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury			
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Dr. J. W. Davis</u> , M. D. (Address) <u>Glenn's Ferry</u>			

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

769-127-023-231
1. PLACE OF BIRTH
County of Idaho
City of Emmett
No. _____ St. _____

(If born in hospital or institution give name.)

RECEIVED JAN 6 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 198263

Registration District No. 6 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

No name

3. Sex Male If plural } 4. Twin, triplet or other yes 6. Premature yes 7. Legitimate yes 8. Date of birth 12-27- 1931
births } 5. Number, in order of birth 2 Full term _____ mate _____ (MONTH, DAY, YEAR)

9. Full name FATHER Halvard J. Grondahl 18. Full maiden name MOTHER Viola May Blankenship
10. Residence (usual place of abode) Caldwell, Ida 19. Residence (usual place of abode) Caldwell, Ida
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 29 (years) 20. Color or race W 21. Age at last birthday 23 (years)

13. Birthplace (city or place) North Dakota 22. Birthplace (city or place) Idaho
(State or country) (State or country)
14. Trade, profession, or particular kind of work done, as spinner Creamery factory 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____
OCCUPATION OCCUPATION

27. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn yes
28. If stillborn, 6 1/2 months period of gestation not known 29. Cause of stillbirth not known Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was dead at 4:28 a.m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) J. R. Reynolds M. D.
or _____ Midwife
Address Emmett, Ida
Filed 12-27- 1931 J. R. Reynolds Registrar.

10

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

796 227023 234

1. PLACE OF BIRTH
County of Sumner
City of Emmetsburg
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 6 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

RECEIVED JAN 6 1932
STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 198264

2. FULL NAME OF CHILD No name

3. Sex Female If plural births 4. Twin, triplet, or other 5. Number, in order of birth 1 6. Premature yes 7. Legitimate? yes 8. Date of birth 12-27, 1931
(MONTH, DAY, YEAR)

9. Full name FATHER Halvard J. Grondahl

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell

11. Color or race W 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) North Dakota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Creaming factory

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Viola May Blankenship

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell

20. Color or race W 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living none (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 6 1/2 months 29. Cause of stillbirth Do not know Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was dead at 8 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) J. H. Reynolds M. D.

or Emmetsburg Midwife

Address _____

Filed 12-27, 1931 J. H. Reynolds

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

412-119.028 255 7-3-31

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 198391

County of Butterfield

City of Horley Idaho.

No. _____ St. _____

Registration District No. 230

File No. _____

Hospital _____

Primary Registration District No. 1050

Registered No. _____

FULL NAME OF CHILD

Marceline

Sex of Child <u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate? <u>yes.</u>	Date of Birth <u>July 17 - 1931</u> (Month) (Day) (Year)
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FATHER
FULL NAME Joseph Marceline
RESIDENCE Horley, Idaho.

MOTHER
FULL MAIDEN NAME Doris H. H. H.
RESIDENCE Doris H. H. H.

COLOR Light Blue AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE Canada

COLOR Indian AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE Doris H. H. H.

OCCUPATION Owner and Cult. Doris H. H. H.

OCCUPATION Home Keeping.

Number of child of this mother, including present birth. _____ Number of children of this mother now living, including present birth. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Still - Born, at _____ M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. H. H. H. M.D.
(Physician or midwife)

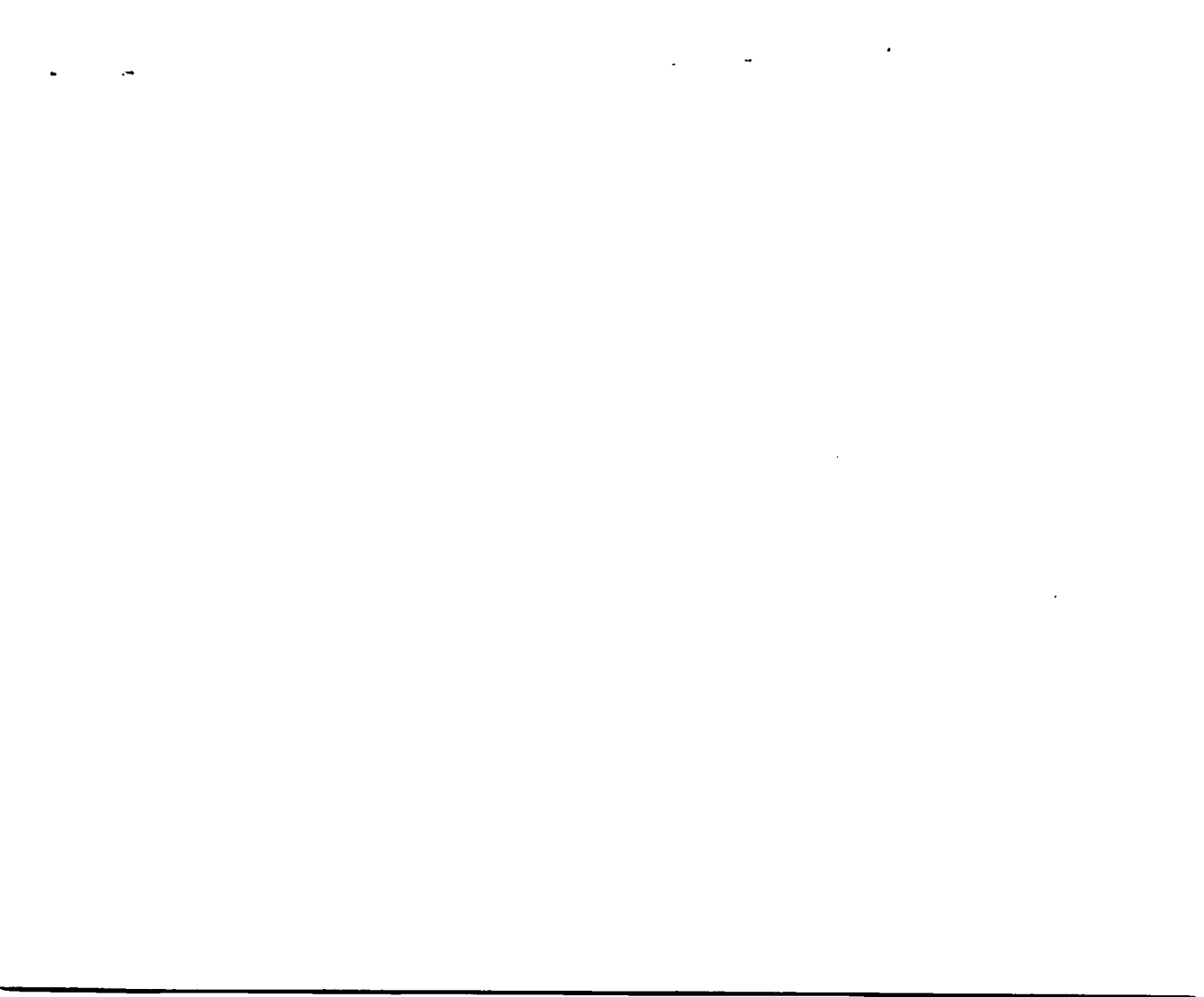
Given names added from a supplemental report.

Address Horley Idaho.
Filed _____ 19 _____

Registrar

Registrar

75528



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

75528

1. PLACE OF DEATH

County Kootenai State Idaho Registered No. _____
 Township 47 or Village Worley or _____
 City Worley, Ida. No. Not in hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 0 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. 1 ds.

2. FULL NAME Massuslaw (no first name)

(a) Residence: No. Worley, Ida. St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Full blood Indian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Stillborn</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 18, 1931</u>		
7. AGE	Years	Months Days
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Worley, Ida.
 (State or country) ID

13. NAME Louis Joseph Massuslaw
 14. BIRTHPLACE (city or town) Spokane Bridge, Id.
 (State or country) Id.

15. MAIDEN NAME Madeline Moses
 16. BIRTHPLACE (city or town) Hesperlem
 (State or country) Id.

17. INFORMANT Louis Joseph Massuslaw
 (Address) Worley, Ida.

18. BURIAL, CREMATION, OR REMOVAL
 Place Worley, Ida. Date 5/18/31

19. UNDERTAKER H. J. Jaeger
 (Address) Plummer, Ida.

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Stillborn

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. J. J. Herrington M. D.
 (Address) Worley, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1925</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>5 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin JAN 7 1931

City of Troy

No. 154-113-022-253 St.

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 64 State File No. 198400

Local Registration District No. 2144 Local Registrar's No. S

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>M</u>	Twin Triplet or other?	and	Number in order of birth	Legiti- mate?	Date of birth <u>11-13-1931</u>
	(To be answered only in event of plural births)			<u>Yes</u>	(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 4th (a) Born alive and now living. 3

Born alive but now dead. None Stillborn One

FATHER FULL NAME <u>Ernest Anderson</u>	MOTHER FULL MAIDEN NAME <u>Helen Kellberg</u>
--	--

Residence (Usual place of abode) <u>Troy, Idaho</u>	Residence (Usual place of abode) <u>Troy, Idaho</u>
---	---

It non-resident, give place and State	If non-resident, give place and State
---------------------------------------	---------------------------------------

Color or race <u>White</u>	Color or race <u>White</u>
----------------------------	----------------------------

Age at last Birthday <u>29</u> (Years)	Age at last Birthday <u>27</u> (Years)
---	---

Birthplace <u>Idaho</u> (City and State or County)	Birthplace <u>Missouri</u> (City and State or County)
---	--

Occupation <u>Farmer</u>	Occupation
--------------------------	------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 9 M.
on the date above stated.

(Signature) Chas. H. Meyer

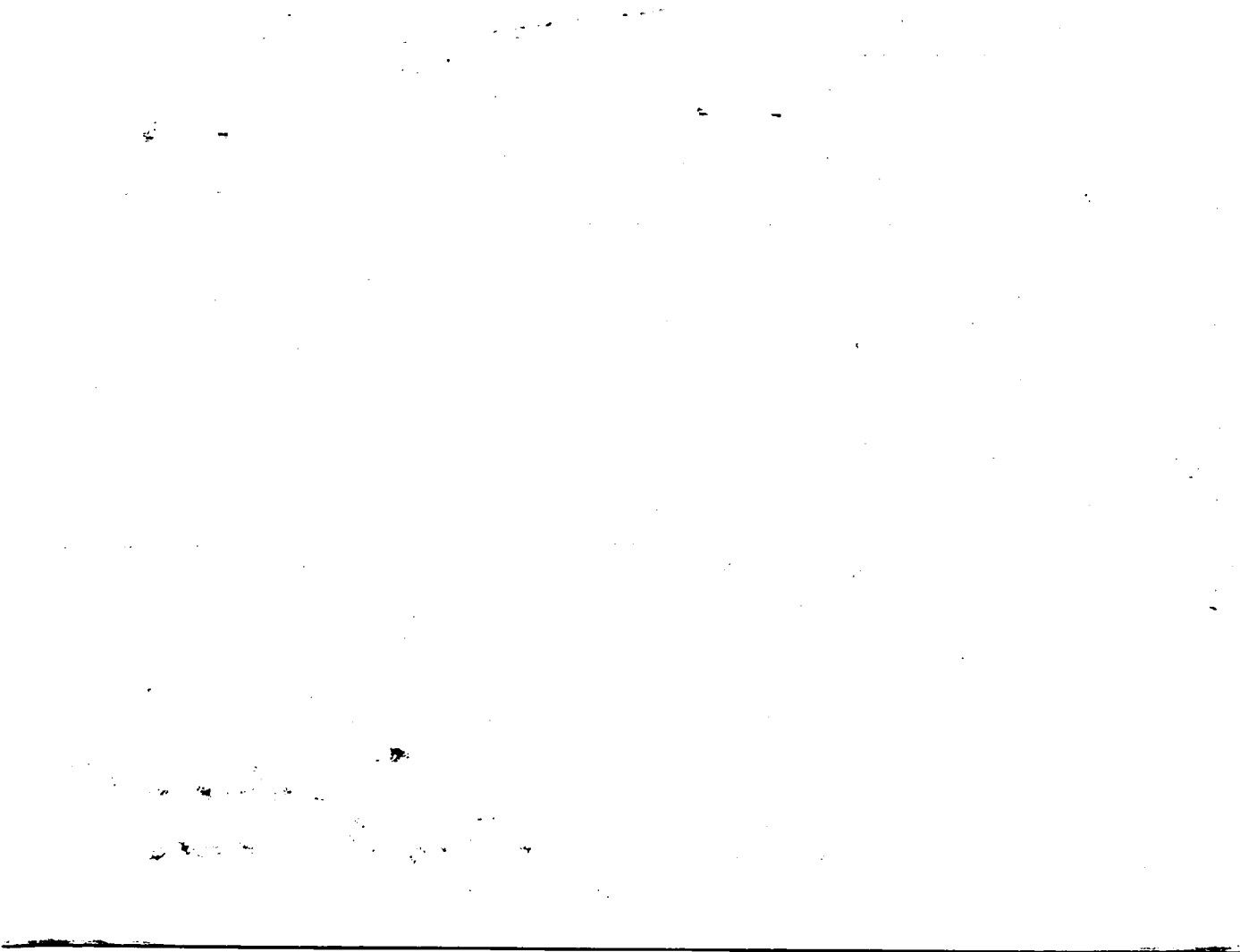
(Physician or midwife)

Address Troy, Idaho

Filed Dec 31, 1931 Lucy M. Pickard

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

RECEIVED APR 9 1932

DO NOT WRITE IN THIS SPACE

78734

State File No.

PLACE OF DEATH

County of Latah

City of Troy

Registration District No. 614

Primary Registration District No. 2144

Local Registrar's No.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced (write the word) In part

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year)

7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Troy
(State or country)

10 NAME OF FATHER Ernest A. Anderson

11 BIRTHPLACE OF FATHER (city or town) Troy
(State or country)

12 MAIDEN NAME OF MOTHER Helen Kellberg

13 BIRTHPLACE OF MOTHER (city or town) Missouri
(State or country)

14 Informant Ernest A. Anderson
(Address)

15 Filed March 31 1932 Lucy M. Pickard
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 13 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1931, to Nov. 13, 1931.
that I last saw him alive on _____, 19____.

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows: Stillbirth

CONTRIBUTORY
(Secondary)

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wes A. Meyer, M. D.
Nov. 14, 1931 (Address) Troy Idaho.

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 Place of Burial, Cremation, or Removal

Date of Burial

at Home

Nov 14 1932

20. Undertaker

Address

none

QUALIFICATION IS VERY IMPORTANT. See instructions on back of certificate.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth.

1. PLACE OF BIRTH

No. 73265 Main St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>12-24, 1931</u> (MONTH, DAY, YEAR)
9. Full name <u>Abu Giff</u>	FATHER			18. Full maiden name <u>Flora Letitia Richardson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow Idaho</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow Idaho</u>		
11. Color or race <u>White</u>				20. Color or race <u>White</u>		
12. Age at last birthday <u>32</u> (years)				21. Age at last birthday <u>38</u> (years)		
13. Birthplace (city or place) (State or country) <u>Colfax Wash.</u>				22. Birthplace (city or place) (State or country) <u>Minnesota</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
	16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work			
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn						
28. If stillborn, period of gestation <u>3 mo.</u> { months or weeks						
29. Cause of stillbirth <u>Emergency operation</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(BORN ALIVE OR STILLBORN)

(Signed) Clifford Q. Armstrong, M. D.

or _____, Midwife

Address Moscow Idaho

Filed Jan. 8, 1932

Registrar.

Registrar.

RECEIVED JAN 11 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 198413



1. The first part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

2. The second part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

3. The third part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

4. The fourth part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

5. The fifth part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

6. The sixth part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

7. The seventh part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

8. The eighth part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

9. The ninth part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

10. The tenth part of the document is a letter from the President of the United States to the President of the Senate, dated January 1, 1901. The letter is signed by William McKinley and is addressed to John D. Long. The letter is a copy of a letter that was sent to the President of the Senate by the President of the United States.

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

RECEIVED JAN 11 1939
CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics
File No. 1769
Registered No. 63

1. PLACE OF DEATH

County of Latah
City of Moscow

Registration District No. 61
Primary Registration District No. 1011
(No. St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED
(Write the word.)

6. DATE OF BIRTH

December 24 1931
(Month) (Day) (Year)

7. AGE Stillborn-3 months fetus
Yrs. Mos. ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF FATHER

Abe Goff

11. BIRTHPLACE OF FATHER

(State or Country)

Colfax, Washington.

12. MAIDEN NAME OF MOTHER

Florence Letitia Richardson

13. BIRTHPLACE OF MOTHER

(State or Country)

Minnesota

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed Jan 8, 1932

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

December 24th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from December 24 1931 to December 24 1931.
that I last saw h. alive on 19 ..
and that death occurred on the date stated above, at 2:55 A.

The CAUSE OF DEATH* was as follows:

Emergency operation

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

Clifford O. Armstrong M. D.

19 ..

(Address) Moscow, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Moscow, Idaho

DATE OF BURIAL

12/24 1931

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

264-127-029-613
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 1984 ¹⁴ 3 > S

County of Latah

City of Moscow

No. _____ St. _____

Registration District No. _____ File No. _____

Hospital no Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Charles Sodorff

(Certificate of no value without full name of child.)

Sex of Child <u>M</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth. <u>Apr 27</u> 19 <u>84</u> (Month) (Day) (Year)
-----------------------	--	-----	--------------------------------	-----------------------------	--

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth. 7 Number of child of this mother now living, including present birth. 5

FULL NAME <u>Charles Sodorff</u>	FATHER	FULL MAIDEN NAME <u>Fanny Walter</u>	MOTHER
RESIDENCE		RESIDENCE	

COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
--------------------	---	--------------------	---

BIRTHPLACE <u>Washington</u>	BIRTHPLACE <u>N. Carolina</u>
------------------------------	-------------------------------

OCCUPATION <u>Laborer</u>	OCCUPATION <u>Wife</u>
---------------------------	------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

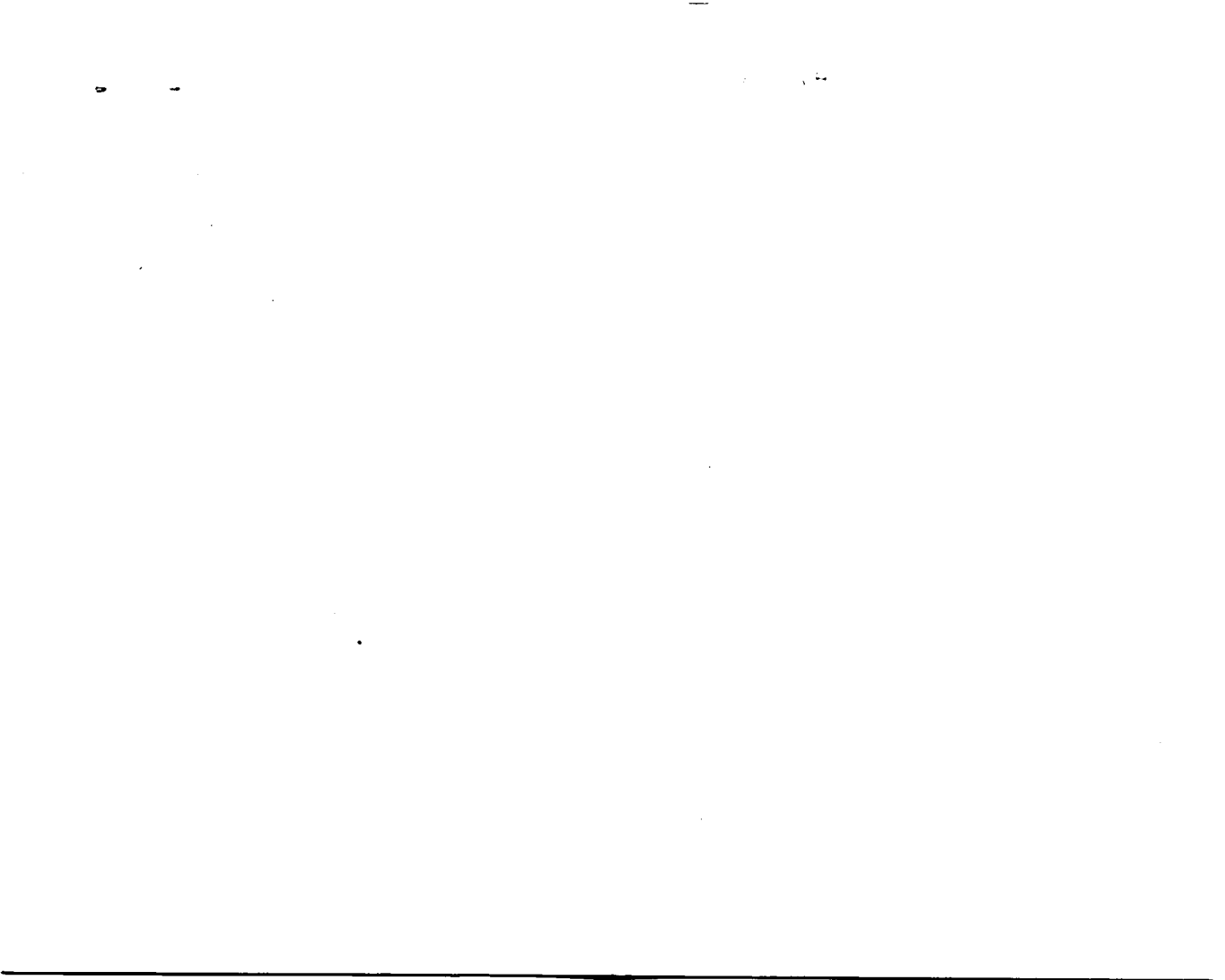
I hereby certify that I attended the birth of this child, who was stillborn, at 2:15 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [Signature]
Physician
(Physician or midwife)

Give names added from a supplemental report.
_____, 19_____
_____, 19_____
_____, 19_____
Registrar.

Address Moscow Ida
Filed _____ 192_____
Registrar.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **75249**

- PLACE OF DEATH
County of **Latah**
City of **Moscow**

Registration District No. **61**
Primary Registration District No. **1011**

Local Registrar's No. **20**

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Sodorff (Stillborn)**

(a) Residence. No. _____ St. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **Apr. 27, 1931**

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Moscow**
(State or country)

10. NAME OF FATHER **Chas. E. Sodorff**

11. BIRTHPLACE OF FATHER (city or town) **Pullman, Wn.**
(State or Country)

12. MAIDEN NAME OF MOTHER **Fannie Walker**

13. BIRTHPLACE OF MOTHER (city or town) **N. Carolina**
(State or Country)

14. Informant **Chas. E. Sodorff**
(Address) **Moscow, Idaho. Johnson, Wash.**

15. Filed **5-20-31** **P. J. Johnson** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH **Apr. 27, 1931**
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Still born
Apr. 27th 2⁰⁰ am
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? **Biopsy** M. D.
(Signed) **Apr. 27, 1931** (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal **Moscow, Idaho** Date of Burial **4/27/31¹⁹**

20. Undertaker **H. R. Short** Address **Moscow, Ida**

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: **Cerebro-**

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia"); **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fractured skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

345213035-699

RECEIVED JAN 8 1932
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 198541

1. PLACE OF BIRTH

County of Nez Perce
City of Lewiston
No. _____ St. _____

St. Joseph's Hosp.
(If born in hospital or institution give name.)

Registration District No. 96 State File No. _____

Prim. Registration District No. 1009 Local Registrar's No. _____

2. FULL NAME OF CHILD

Phyllis Joyce Cunningham

3. Sex Female If plural births { 4. Twin, triplet, or other X 5. Number, in order of birth X 6. Premature X 7. Legitimate? Yes 8. Date of birth Dec. 1, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Clifford M. Cunningham 18. Full maiden name MOTHER Muriel Catherine Fritzger

10. Residence (usual place of abode) Upper Astoria Rd. (If non-resident, give place and State) 19. Residence (usual place of abode) Upper Astoria Rd. (If non-resident, give place and state)

11. Color or race W. 12. Age at last birthday 22 (years) 20. Color or race W. 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Missouri (State or country) 22. Birthplace (city or place) Canada (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>W.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>X</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>X</u>
	16. Date (month and year) last engaged in this work <u>X</u> , 19 <u>31</u>		25. Date (month and year) last engaged in this work <u>X</u> , 19 <u>31</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 9 months { months or weeks } 29. Cause of stillbirth difficult breach of presentation Before labor X During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3 P. m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) W. H. K. K., M. D.

or _____, Midwife

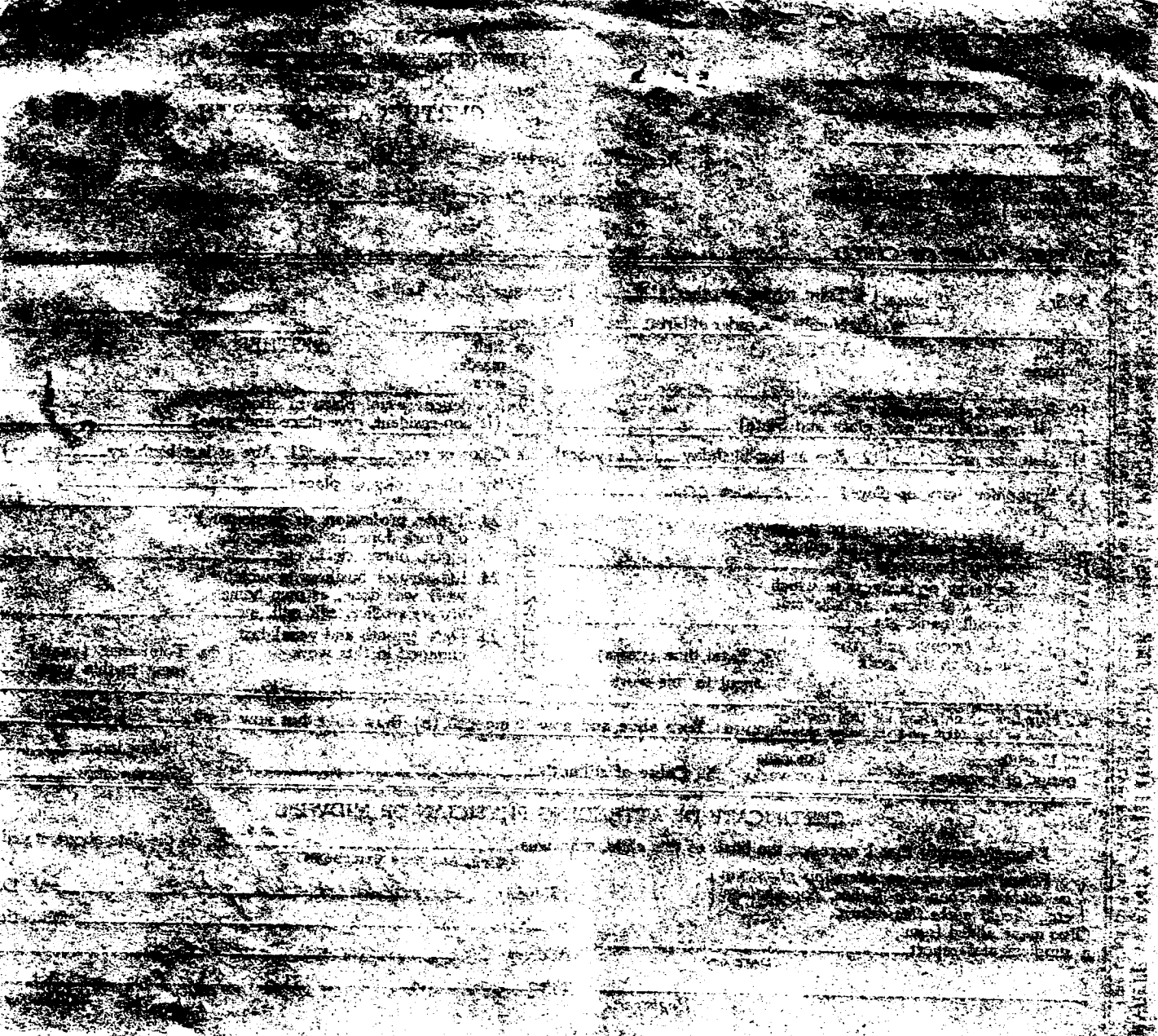
Address Lewiston, Idaho

Filed Jan 2, 1932 J. M. Pyle Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____

(DATE OF)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	NezPerce	CERTIFICATE OF DEATH				77558			
City of	Lewiston	Registration District No. 96				State File No.			
		Primary Registration District No. 1009				Local Registrar's No.			
		(No. St Joseph Hospital)							
(If death occurred in a hospital or institution, give its name instead of street and number.)									
2. FULL NAME		Infant Daughter of Mr & Mrs Clifford Cunningham							
(a) Residence. No.		Clarkston Wash. St.							
(Usual place of abode)		(If nonresident give city or town and state)							
Length of residence in city or town where death occurred.		yrs.		mos.		ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)							
Female	White	Single							
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of									
6. DATE OF BIRTH (month, day, and year) Dec 13 1931									
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.					
	0	0	0						
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.								
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.								
	10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho									
MOTHER FATHER	13. NAME Clifford Cunningham								
	14. BIRTHPLACE (city or town) Mo. (State or country)								
	15. MAIDEN NAME Muriel Fritzley								
	16. BIRTHPLACE (city or town) Canada (State or country)								
17. INFORMANT Clifford Cunningham (Address) Clarkston Wash.									
18. BURIAL, CREMATION, OR REMOVAL Place Normal Hill Date 12/14/, 1931									
19. UNDERTAKER Vassar Mortuary Inc. (Address) Lewiston Idaho									
20. FILED Dec 15, 1931 J. M. Syle Registrar.									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day, and year) Dec 13 1931									
22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1931 to Dec 13 1931									
I last saw him alive on Dec 13 1931; death is said to have occurred on the date stated above, at 3:20 pm.									
The principal cause of death and related causes of importance were as follows:									
Respiratory Cord									
Other contributory causes of importance: Branch pneumonia									
Name of operation None Date of 5/20									
What test confirmed diagnosis? Was there an autopsy?									
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931									
Where did injury occur? (Specify city or town, county, and State)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased? No									
(Signed) J. M. Syle, M. D.									
(Address) 2300 Washington									

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

693-128-035-313

1. PLACE OF BIRTH
County of Payson
City of Payson
No. St. Joseph Hospital St.
(If born in hospital or institution give name.) Registration District No. 96 State File No. S
Prim. Registration District No. 1009 Local Registrar's No. 1009

2. FULL NAME OF CHILD Baby & Day Wilson Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Dec 28, 1931
(MONTH, DAY, YEAR)

9. Full name FATHER Charles Owen Wilson 18. Full maiden name MOTHER Margaret Latham
10. Residence (usual place of abode) (If non-resident, give place and State) Payson, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Payson, Idaho
21. Color or race White 22. Age at last birthday 36 (years) 23. Color or race White 24. Age at last birthday 29 (years)
25. Birthplace (city or place) (State or country) Oregon 26. Birthplace (city or place) (State or country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 16. Date (month and year) last engaged in this work _____ 17. Total time (years) > _____ spent in this work _____
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home 25. Date (month and year) last engaged in this work _____ 26. Total time (years) > _____ spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation 8 Mo. { months or weeks 29. Cause of stillbirth Cord around neck Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:07 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. O. Cressaw, M. D.

or _____ Midwife

Address Payson, Idaho

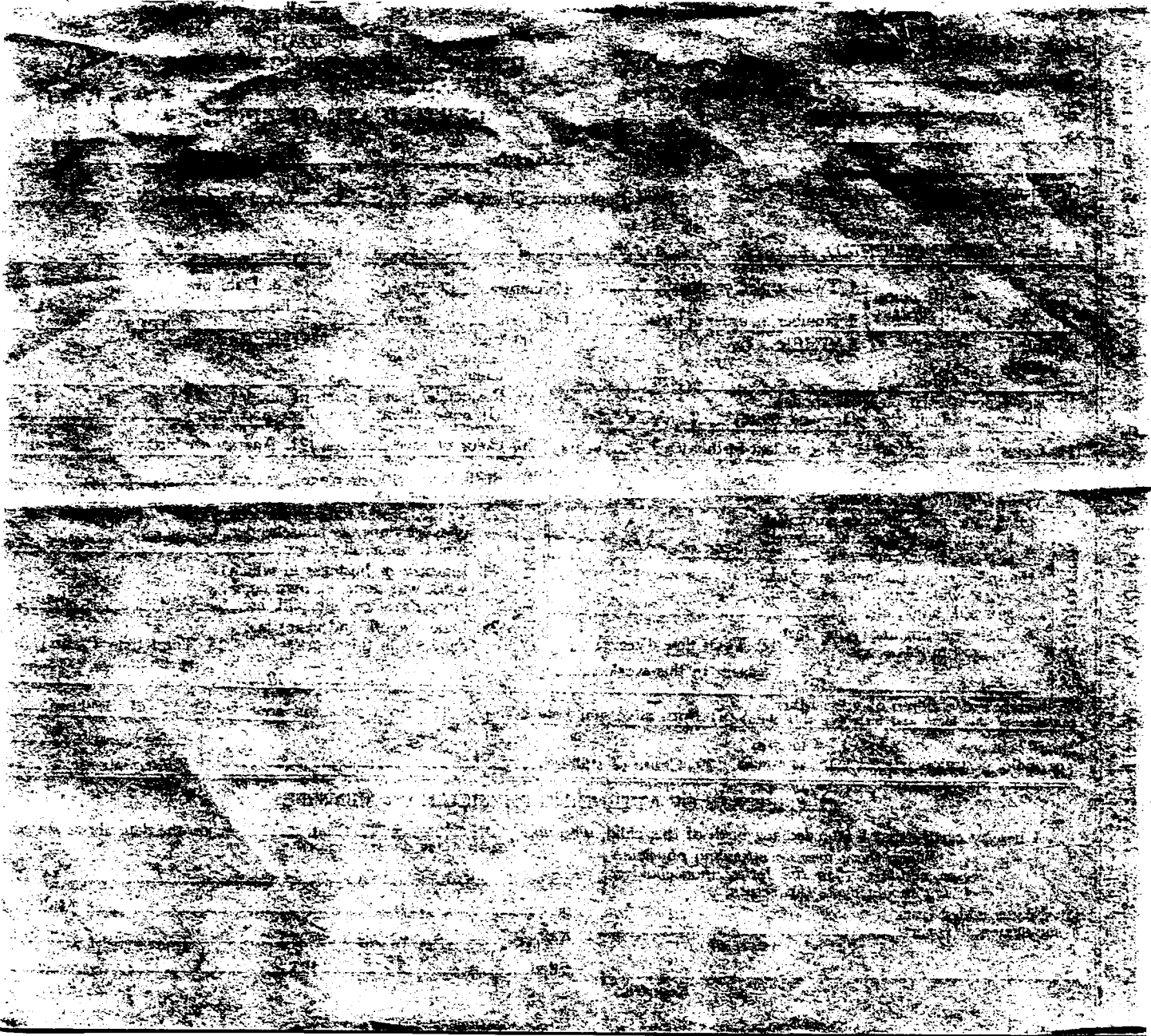
Filed Jan 5, 1932 J. M. Doyle

Registrar.

By J. M. Doyle
Registrar.

Give name added from a supplemental report _____

(DATE OF)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 9 1937
PLACE OF DEATH		DO NOT WRITE IN THIS SPACE 77670 State File No.
County of <u>Nez perce</u>		
City of <u>Lewiston</u>		
Registration District No. <u>96</u>		
Primary Registration District No. <u>1209</u>		Local Registrar's No.
(No. <u>St Joseph Hospital</u>)		
(If death occurred in a hospital or institution, give its name instead of street and number.)		
2. FULL NAME <u>Infant of Mrs Erwin Wilson</u>		
(a) Residence. No. <u>Peirce Idaho.</u>		
(Usual place of abode)		
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced <u>Single</u> (Write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Dec 28 1931</u>		
7. AGE	Years <u>0</u>	Months <u>0</u>
	Days <u>0</u>	If LESS than 1 day, hrs. or min.
OCCUPATION		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Lewiston</u> (State or country) <u>Idaho</u>		
MOTHER FATHER		
13. NAME <u>Erwin Wulson</u>		
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)		
15. MAIDEN NAME <u>Margarett Denny</u>		
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)		
17. INFORMANT <u>Mrs Erwin Wilson</u> (Address) <u>Lewiston Idaho</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Normal Hill</u> Date <u>Dec 30, 1931</u>		
19. UNDERTAKER <u>Vassar Mortuary Inc</u> (Address) <u>Lewiston Idaho</u>		
20. FILED <u>Jan 2, 1932</u> <u>J. M. Pyle</u> Registrar.		
MEDICAL CERTIFICATE OF DEATH		
21. DATE OF DEATH (month, day, and year) <u>12/28/31</u> 193		
22. I HEREBY CERTIFY, That I attended deceased from, 193....., to 193..... I last saw him alive on <u>Nov 1</u> , 193.....: death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>umbilical cord around neck and completely around neck death apparently 17 hrs or more before birth</u> Other contributory causes of importance: <u>none</u>		
Name of operation <u>none</u> Date of What test confirmed diagnosis? Was there an autopsy?		
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 193..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury		
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>J. E. Carson</u> , M. D. (Address) <u>Lewiston Idaho</u>		

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To be complete, an occupation return must state:

- In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

EXAMPLE I

Other CONTRIBUTORY CAUSES of importance:

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

1 year

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
693 120035-557
County of _____
City of Lewiston
No. St. Joseph St.
Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Boy Williams

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth July 24, 1931
(MONTH, DAY, YEAR)

9. Full name FATHER Chas Williams 18. Full maiden name MOTHER Myrtle Evans
10. Residence (usual place of abode) Lewiston Idaho 19. Residence (usual place of abode) Lewiston Idaho
(If non-resident, give place and State) 20. Color or race White 21. Age at last birthday 30 (years)
11. Color or race White 22. Birthplace (city or place) Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:25 P m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O. C. Carrow, M. D.

Give name added from a supplemental report _____

or _____ Midwife

Address Lewiston Idaho

Filed _____, 1931

(DATE OF)

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

662230-855-941

1. PLACE OF BIRTH
County of Nez Perce
City of Southwick
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198553

Registration District No. 63 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Baby Forest

3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Nov. 30, 1931</u> (MONTH, DAY, YEAR)
		5. Number, in order of birth _____	Full term <u>Yes</u>		

9. Full name <u>Michael Forest</u>	FATHER	18. Full maiden name <u>Ida</u>	MOTHER
---------------------------------------	--------	------------------------------------	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Southwick</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Southwick</u>
--	--

11. Color or race <u>W</u>	12. Age at last birthday <u>44</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>43</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>North Dakota</u>	22. Birthplace (city or place) (State or country) <u>North Dakota</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work <u>at present, 1931</u>		25. Date (month and year) last engaged in this work <u>at present, 1931</u>
17. Total time (years) spent in this work <u>30</u>		26. Total time (years) spent in this work <u>24</u>	

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 4

28. If stillborn, period of gestation <u>9</u> { months or weeks	29. Cause of stillbirth <u>Unknown, Last 4</u>	Before labor <u>3 weeks</u>	During labor _____
--	--	-----------------------------	--------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 A. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D. Christensen, M. D.

or _____, Midwife

Address Southwick, Idaho

Filed Dec 5th, 1931 B. J. Nease

Give name added from a supplemental report _____
(DATE OF) _____

Registrar.

Registrar.

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

WILLIAM B. EDELL, PRINTERS

1901

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

WILLIAM B. EDELL, PRINTERS

1901

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

714 107-035-249
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 198556

County of Nez Perce
City of Lewiston

No. St. Joseph St. Registration District No. 96 File No. _____

Hospital St. Joseph Primary Registration District No. 1009 Registered No. _____

FULL NAME OF CHILD John Garnet Jr.
(Certificate of no value without full name of child.)

Sex of Child <u>male</u>	Twin <u>L</u> Triplet <u>L</u> or other? <u>L</u> and { } Number in order of birth <u>L</u>	Legitimate? <u>yes</u>	Date of birth <u>12/7/1931</u> (Month) (Day) (Year)
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What bacterioidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 0

FATHER		MOTHER	
FULL NAME	<u>John Garnet</u>	FULL MAIDEN NAME	<u>Betty Smith</u>
RESIDENCE	<u>Lapwai - Ida.</u>	RESIDENCE	<u>same</u>
COLOR	<u>white</u>	COLOR	<u>white</u>
AGE AT LAST BIRTHDAY	<u>23</u> (Years)	AGE AT LAST BIRTHDAY	<u>20</u> (Years)
BIRTHPLACE	<u>Lapwai Ida.</u>	BIRTHPLACE	<u>Warsaw - Missoula</u>
OCCUPATION	<u>farmer</u>	OCCUPATION	<u>housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at St. Joseph on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Pyle

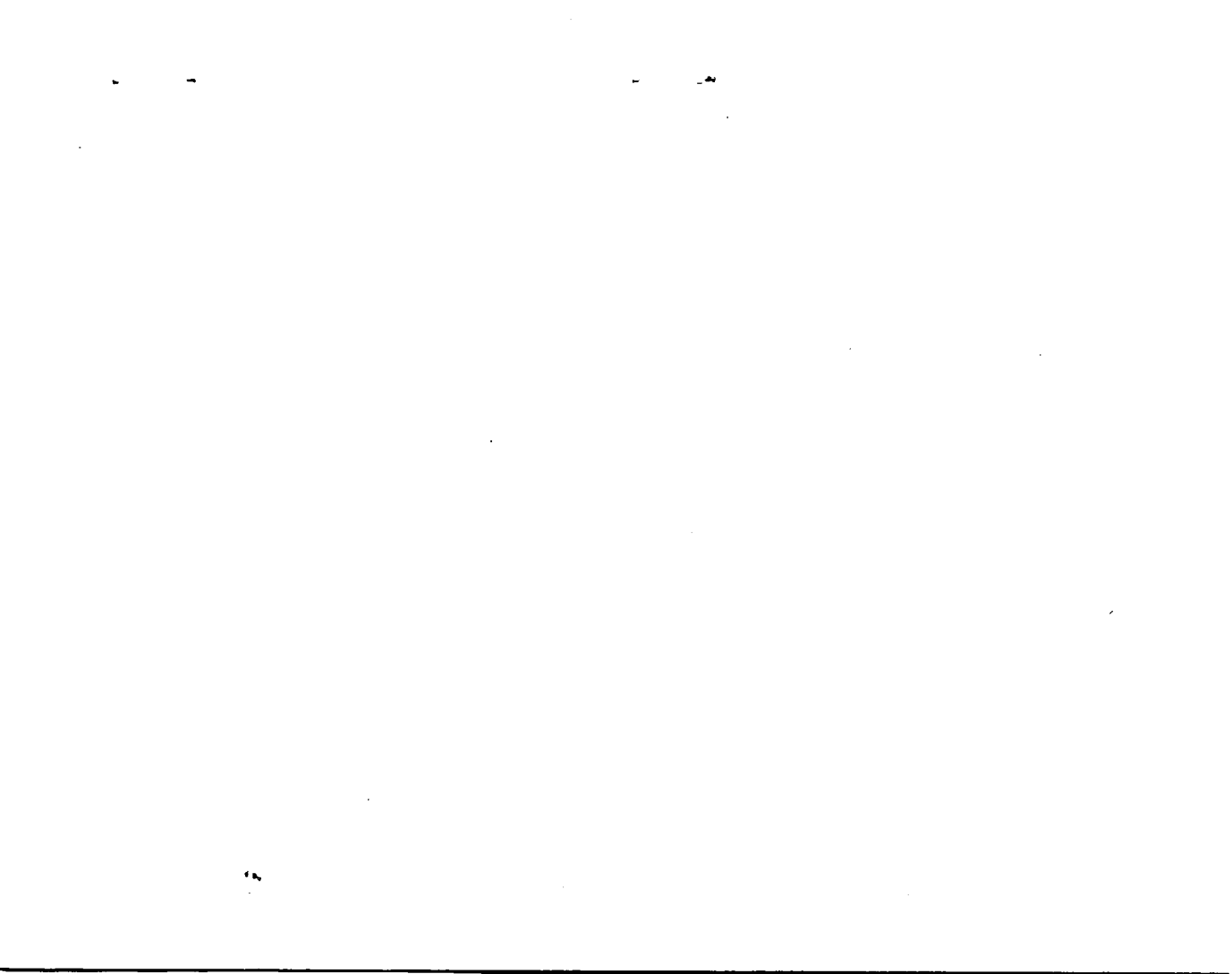
(Physician or midwife)

Give names added from a supplemental report.

Address Lewiston

Filed Jan. 11 1932 J. M. Pyle Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		RECEIVED JAN 8 1932 DO NOT WRITE IN THIS SPACE 77560 State File No.	
County of <u>Nez Perce</u>		City of <u>Lewiston</u>		Registration District No. <u>96</u> Primary Registration District No. <u>1009</u> (No. <u>St Joseph Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Baby Gamet</u>		(a) Residence. No. <u>St. Lapwai, Idaho</u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Dec. 7th, 1931</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Lewiston, Idaho</u> (State or country)					
13. NAME <u>John U. Gamet</u>					
14. BIRTHPLACE (city or town) <u>Lapwai</u> (State or country)					
15. MAIDEN NAME <u>Betty Smith</u>					
16. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)					
17. INFORMANT <u>John U. Gamet</u> (Address) <u>Guides, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Clarkston, Wash.</u> Date <u>Dec. 7th, 1931</u>					
19. UNDERTAKER <u>Brower-Wann Company</u> (Address) <u>Lewiston, Idaho</u>					
20. FILED <u>Jan 2, 1932</u> <u>J. M. Lyle</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Dec. 7th, 1931</u>					
22. I HEREBY CERTIFY, That I attended deceased from 1931, to 1931. I last saw him alive on <u>Dec 7</u> , 1931; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: <u>Still-Birth</u> Other contributory causes of importance: <u>Fetal hemorrhage</u> <u>(fetus delivery)</u>					
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? <u>Y</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1931. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Thos. A. H. H. H.</u> , M. D. (Address) <u>Lewiston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

795-29-037-942
PLACE OF BIRTH

County of Owyhee
City of Grand View
No. _____ St. _____

(If born in hospital or institution
give name.)

Registration District No. 74 State File No. _____

Prim. Registration District No. 2151 Local Registrar's No. 194

FULL NAME OF CHILD Stillbirth Gress

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>F.</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Sept. 29</u> <u>1931</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living None

Born alive but now dead None Stillborn 1

FATHER
FULL NAME Nelson Lee Gress
Residence (Usual place of abode) Grand View
If nonresident, give place and State _____
Color or race W Age at last Birthday 21 (Years)
Birthplace Grand View, Idaho
(City and State or Country)
Occupation farmer

MOTHER
FULL MAIDEN NAME Jennie Louise Russell
Residence (Usual place of abode) Grand View
If nonresident, give place and State _____
Color or race W Age at last Birthday 20 (Years)
Birthplace Tabor, Alberta, Canada
(City and State or Country)
Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { ~~DECEASED~~ Stillborn } at 11:50 P. M.
on the date above stated.

(Signature) Wm. J. Eberhardt M.D.

Physician
(Physician or midwife)

Address Grand View, Idaho

Filed Oct 1931 WJ Eberhardt

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

ND

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone
City of Mullan
No. _____ St. _____

RECEIVED JAN 14 1931
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198597

Registration District No. 70 State File No. _____Prim. Registration District No. 1011 Local Registrar's No. 122

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Tina Margaret Hearst

3. Sex Y If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth May 27, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Earl W Hearst 18. Full maiden name MOTHER Alice Pierce

10. Residence (usual place of abode) (If non-resident, give place and State) Mullan Id 19. Residence (usual place of abode) (If non-resident, give place and state) Mullan Id

11. Color or race W 12. Age at last birthday 28 (years) 20. Color or race W 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Missouri 22. Birthplace (city or place) (State or country) Pueblo Col

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartz Mining 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work May 27, 1931 17. Total time (years) spent in this work 7 1/2 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 7 1/2 months or weeks 2 29. Cause of stillbirth _____ Before labor Yes During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 A m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____

(DATE OF)

(Signed) W W Ralph, M. D.

or _____ Midwife

Address MullanFiled Dec 30, 1931 F. L. Deigley

Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Twin Falls
City of Twin Falls

No. T.F. Codgen Hosp. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 8 1932

198709

CERTIFICATE OF BIRTH

S

Registration District No. 37 State File No. S
Prim. Registration District No. 2086 Local Registrar's No. 424

2. FULL NAME OF CHILD

Stillbirth

3. Sex Female 4. Twin, triplet, or other Stillbirth 5. Number, in order of birth 1 6. Premature No 7. Legitimate? Yes 8. Date of birth Dec 5, 1931
(MONTH, DAY, YEAR)

9. Full name Lee Andrew Sinema FATHER 18. Full maiden name Grace Edith Lindray MOTHER

10. Residence (usual place of abode) 124-4 ave E 19. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 31 (years) 20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Yakima, Wash 22. Birthplace (city or place) Prater, Neb
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. operator at theatre 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at theatre 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at theatre

16. Date (month and year) last engaged in this work Out of work 17. Total time (years) spent in this work Present 19. Present 26. Total time (years) spent in this work Present

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 12 m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(DATE OF)

Registrar.

(Signed) Elizabeth J. Smith, M. D.

or _____, Midwife

Address _____

Filed 1/6, 1932 Elizabeth J. Smith Registrar.

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

RECEIVED JAN 8 1932

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

17679

State File No.

PLACE OF DEATH

County of Twin FallsCity of Twin Falls

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085Local Registrar's No. 187

(No.)

(If death occurred in a hospital or institution give its name instead of street and number.)

2. FULL NAME Barbara Ann Sinema(a) Residence. No. Co. Gen Hospital St. 206

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single. Married. Widowed. or Divorced (write the word.)
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE <u>Stillborn</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day,hrs. ormin.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Twin Falls
Ida10. NAME OF FATHER Lee A. Sinema11. BIRTHPLACE OF FATHER (city or town)
(State or Country) Yakima
Wash.12. MAIDEN NAME OF MOTHER Grace Lindsay13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Nebraska14. Informant Lee A. Sinema
(Address) 124 - 4th Ave. E.15. Filed 12-28, 1931
Elizabeth J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH
Dec 2 1931
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
heart 1931, to Dec 2nd 1931
that I last saw him alive on Dec 2nd 1931
and that death occurred, on the date stated above, at 12:23 p.m.*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:Prolonged labor with
no amniotic fluid
Breech presentation
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death? CaravanDid an operation precede death? No Date of 12-23Was there an autopsy? NoWhat test confirmed diagnosis? No(Signed) John K. Hughes M. D.12-2 1931 (Address) Twin Falls19. Place of Burial, Cremation, or Removal
Twin Falls Cemetery Date of Burial 12-3 193120. Undertaker
White Mortuary Inc Address Twin Falls
Ida.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 198788

1. PLACE OF BIRTH

County of Ada
City of Boise

No. St. Luke's St.

(If born in hospital or institution give name.)

Registration District No. 2 State File No. 4

Prim. Registration District No. 1004 Local Registrar's No. 4

2. FULL NAME OF CHILD Stillborn

3. Sex M If plural births { 4. Twin, triplet, or other twin 5. Number, in order of birth 1st 6. Premature ✓ 7. Legitimate? yes 8. Date of birth Dec. 15, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Jack N. Strader

10. Residence (usual place of abode) (If non-resident, give place and State) Jordan Valley, Oregon

11. Color or race W 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Jordan Valley, O.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 19__

17. Total time (years) spent in this work

18. Full maiden name MOTHER Mary Mc Dermott

19. Residence (usual place of abode) (If non-resident, give place and State) Same

20. Color or race W 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or country) Butte, Mont.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19__

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn 1

28. If stillborn, period of gestation 9th month months or weeks 29. Cause of stillbirth unknown Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:30 a.m. on the date above stated. (BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Alfred Bulger Jr. M. D.

or M.D.A. Midwife

Address Boise Idaho

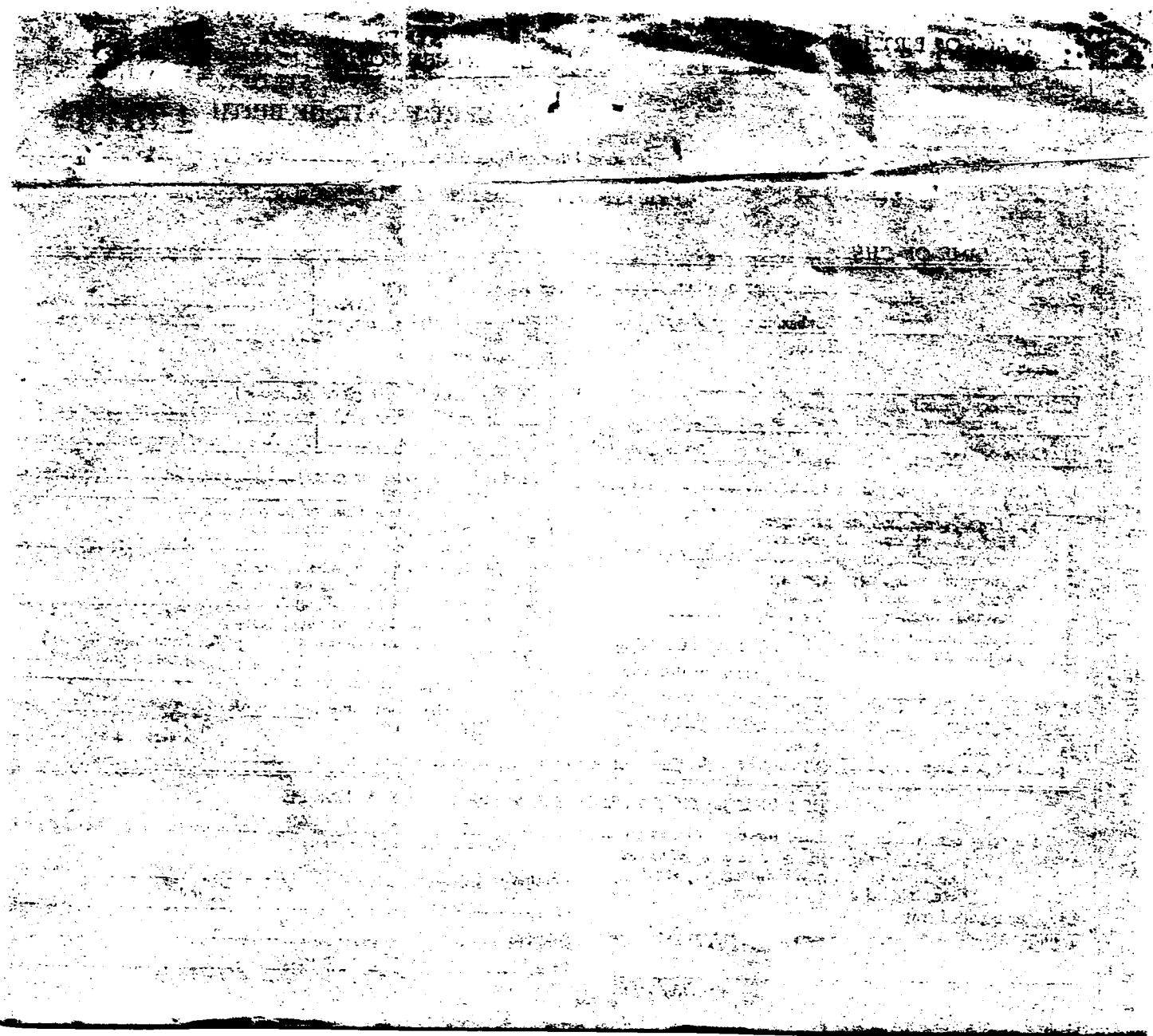
Filed 1-2 1932 W. H. Rhodes

Give name added from a supplemental report (DATE OF)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **77430**

PLACE OF DEATH
County of Ada
City of Boise

Registration District No. 2
Primary Registration District No. 1204

Local Registrar's No. **330**(No. St. Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Strode(a) Residence. No. Jorden Valley Oregon St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15. 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho13. NAME Jack. W. Strode.14. BIRTHPLACE (city or town) Jorden Valley
(State or country) Orego n15. MAIDEN NAME Mary McDermott16. BIRTHPLACE (city or town) Butte
(State or country) Montana.17. INFORMANT Jack W. Strode.
(Address) Jorden Valley, Oregon.18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill Date Dec. 16, 193119. UNDERTAKER Summers & Krebs.
(Address) Boise Idaho.20. FILED 12-16, 1931 W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 15. 193122. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 15, 1931.

I last saw him alive on , 1931; death is said to have occurred on the date stated above, at 5 m.
The principal cause of death and related causes of importance were as follows:

Still Birth (Twin)
Cause unknown
(Twin)

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1931.Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. H. Rhodes, M. D.(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198824

1. PLACE OF BIRTH
 County of Idaho
 City of Boise
 No. Meridian, Idaho
St. Alphonsus Hosp.
 (If born in hospital or institution give name.)

Registration District No. 2 State File No. _____
 Prim. Registration District No. 1004 Local Registrar's No. 49

2. FULL NAME OF CHILD Infant Black

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Aug 19, 1937
 (MONTH, DAY, YEAR)

9. Full name FATHER Glen Black
 10. Residence (usual place of abode) (If non-resident, give place and State) Meridian, Idaho
 11. Color or race W 12. Age at last birthday 39 (years)

18. Full maiden name MOTHER Calherine Beardoff
 19. Residence (usual place of abode) (If non-resident, give place and state) Meridian, Idaho
 20. Color or race _____ 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or country) Kansas
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

22. Birthplace (city or place) (State or country) Iowa
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
 28. If stillborn, { months or weeks } 29. Cause of stillbirth Breach Undersized Pelvic Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

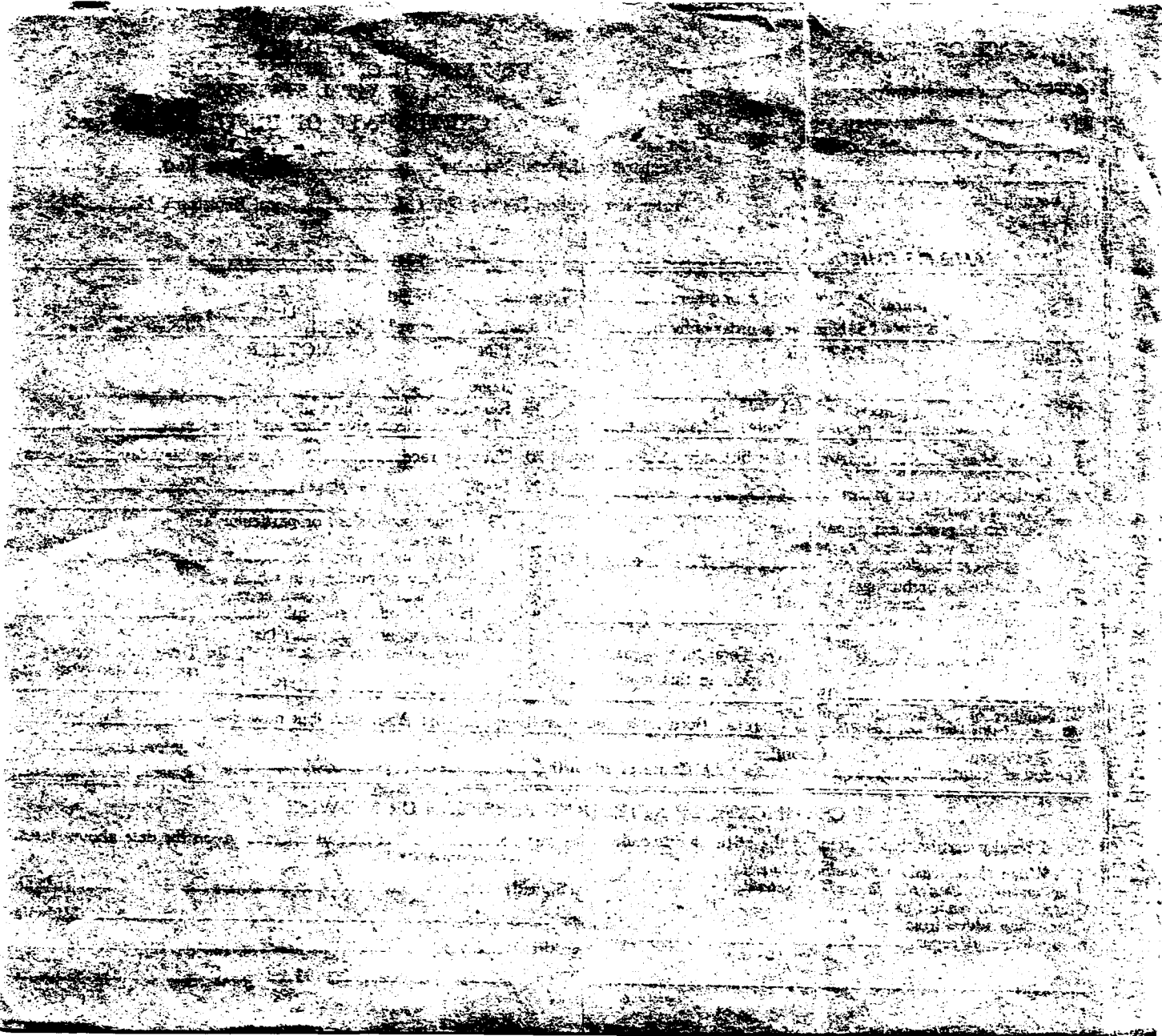
I hereby certify that I attended the birth of this child, who was _____ at _____^{6:30} p. m. on the date above stated.
 (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____

(Signed) A. J. Coats, M. D.
 or _____, Midwife
 Address 221 East Main, Boise
 Filed Jan 16, 1937 W. H. Mader
 Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.



RECEIVED SEP 13 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 76094

PLACE OF DEATH

County of Ada.
City of Boise.

CERTIFICATE OF DEATH

Registration District No. 3
Primary Registration District No. 1004
(No. St. Alphonsus Hospital.)

Local Registrar's No. 234

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Black.

(a) Residence. No. 68.

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White. 5. Single, Married, Widowed, or Divorced (write the word.) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August-19th-1931.

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Still Born.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Boise Idaho.
(State or country)

10. NAME OF FATHER

Glen, Black.

11. BIRTHPLACE OF FATHER (city or town) Beulah
(State or Country) Kansas.

12. MAIDEN NAME OF MOTHER

Catherine Deardorff.

13. BIRTHPLACE OF MOTHER (city or town) Des Moines Iowa.
(State or Country)

14.

Informant Glen Black
(Address) Meridian Idaho. Route no. 2.

15.

Filed 8-19, 1931.

W. H. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

August.-19th-1931.

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....

that I last saw him..... alive on 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Still Born.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Cook, M. D.

19..... (Address)

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery.

Aug. 19 1931.

20. Undertaker

Summers & Krehs.

Address

Boise Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner**, (b) **Cotton Mill**; (a) **Saleman**, (b) **Grocery**; (a) **Foreman**, (b) **Automobile Factory**. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home**, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At Home**, and children not gainfully employed, as **At school or At Home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia**; **Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc.**, **Carcinoma, Sarcoma, etc.**, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles**; **Whooping Cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), 29ds.; **Bronchopneumonia** (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia**," "**PUERPERAL peritonitis**," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **struck by railway train—accident**; **Revolver wound of head—homicide**; **Poisoned by carbolic acid—probably suicide**. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 955-111010-955 St.

Spencer

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 73

State File No.

Prim. Registration District No. 21N3

Local Registrar's No. 20

CERTIFICATE OF BIRTH

198973

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>No</u>	Date of birth <u>November 11</u> 19 <u>31</u> (Month) (Day) (Year)
-----------------------------	---	-----	--------------------------------	-------------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. 1 (a) Born alive and now living

Born alive but now dead. 1 Stillborn

FATHER
FULL NAME John Doe

MOTHER
FULL MAIDEN NAME Frances M. Reed

Residence (Usual place of abode) Idaho Falls Idaho

Residence (Usual place of abode) Idaho Falls

If non-resident, give place and State

If non-resident, give place and State

Color or race White Age at last Birthday 29
(Years)

Color or race White Age at last Birthday 21
(Years)

Birthplace Kemer Idaho
(City and State or County)

Birthplace Butte Montana
(City and State or County)

Occupation Farmer

Occupation Farmer in Store

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 10:30 AM
on the date above stated.

(Signature) R. J. Sutton

(Physician or midwife)

Address Idaho Falls

Filed 1/10 1932 Utman

Registrar.

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Haari
a 131/131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED DEC 4 1931

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

77195

State File No.

Registration District No. 23Primary Registration District No. 214-3Local Registrar's No. 214

(No. Spencer Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME John H. Reed(a) Residence, No. 251-11 Street

(Usual place of abode)

St. Idaho

Length of residence in city or town where death occurred. yrs. mos. ds.

(If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced* (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov 11, 1931

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

13. NAME John H. Reed

14. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)

15. MAIDEN NAME Ann H. Reed

16. BIRTHPLACE (city or town) Butte, Montana
(State or country)

17. INFORMANT (Address) Mrs. Harold Reed, 251-11 Street

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Nov 15, 1931

19. UNDERTAKER (Address) John H. Reed, Idaho Falls, Idaho

20. FILED Nov 13, 1931 Registrar. (G. J. ...)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from

..., 193..., to ..., 193...

I last saw him alive on ..., 193...; death is said

to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance

were as follows:

Still Born.

Date of onset

Other contributory causes of importance:

Perhaps of cord.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) (Signature), M. D.(Address) Idaho Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH

County of Bonneville
City of Idaho Falls

No. 4. D. 1 St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 198995

Registration District No. 73 State File No. _____

Prim. Registration District No. 2100 Local Registrar's No. 44

2. FULL NAME OF CHILD

Empery (male)

3. Sex M If plural births { 4. Twin, triplet, or other _____ 6. Premature ☒ 7. Legitimate? yes 8. Date of birth 7-1, 1934
(MONTH, DAY, YEAR)

9. Full name FATHER

Orin Empery

10. Residence (usual place of abode) (If non-resident, give place and State) Ammon, Ida

11. Color or race W 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or country) Ammon, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work at present 17. Total time (years) spent in this work 15

18. Full maiden name MOTHER

Vera Muncy

19. Residence (usual place of abode) (If non-resident, give place and state) Ammon, Ida

20. Color or race W 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or country) Hooper, Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Own Home

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work 6-30, 1934 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn, period of gestation 4 mo months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at _____ m. on the date above stated.

(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(DATE OF)

(Signed) Harry L. Willson, M. D.

or Idaho Falls, Idaho, Midwife

Address _____

Filed Jan 17, 1937

Registrar.

Registrar.

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JUL 8 1931
STATE OF IDAHO

PLACE OF DEATH

County of BonnevilleCity of Idaho Falls

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2150Primary Registration District No. 2150(No. L.D.S. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillbirth(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u> </u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 1/31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>Stillbirth</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls, Ida.
(State or country)13. NAME Oren Empey14. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)15. MAIDEN NAME Vera May Munsee16. BIRTHPLACE (city or town) Utah
(State or country)17. INFORMANT Oren Empey
(Address) Idaho Falls, Ida RD #318. BURIAL, CREMATION, OR REMOVAL
Place Idaho Falls, Ida Date 7/2/31, 19319. UNDERTAKER None
(Address)20. FILED 7/2/31, 193

Registrar

DO NOT WRITE IN THIS SPACE

75542

State File No. Local Registrar's No. 2127

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/1, 193 122. I HEREBY CERTIFY, That I attended deceased from July 1, 193 1, to July 1, 193 1.I last saw him alive on , 193 1; death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born -
Miscarriage at
4 months.

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 1.Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Harry L. Sullivan, M. D.(Address) Idaho Falls, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Rigby
No. R7D. 2 St. 415-128 010-993

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 199205

Registration District No. 98 State File No. _____

Prim. Registration District No. 2176 Local Registrar's No. 10

2. FULL NAME OF CHILD Gerald Davies

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature 3 1/2 months gestation _____ 7. Legiti- mate? yes 8. Date of birth Dec 28, 1931 (MONTH, DAY, YEAR)

9. Full name FATHER Jonathan Ray Davies
10. Residence (usual place of abode) Rigby R.T.D. 2
(If non-resident, give place and State)

18. Full maiden name MOTHER Marguerite Edna Richards
19. Residence (usual place of abode) Rigby R.T.D. 2
(If non-resident, give place and State)

11. Color or race W.C. 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Rigby R.T.D. 2
(State or country)

20. Color or race W.C. 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Murray ut.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. self.
16. Date (month and year) last engaged in this work Dec 1931
17. Total time (years) spent in this work 1

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. self.
25. Date (month and year) last engaged in this work Dec 1931
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1
28. If stillborn, 5 1/2 months period of gestation or weeks } 29. Cause of stillbirth Placenta previa & prematurity } Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 11:55 p.m. on the date above stated. (BORN ALIVE OR STILLBORN)

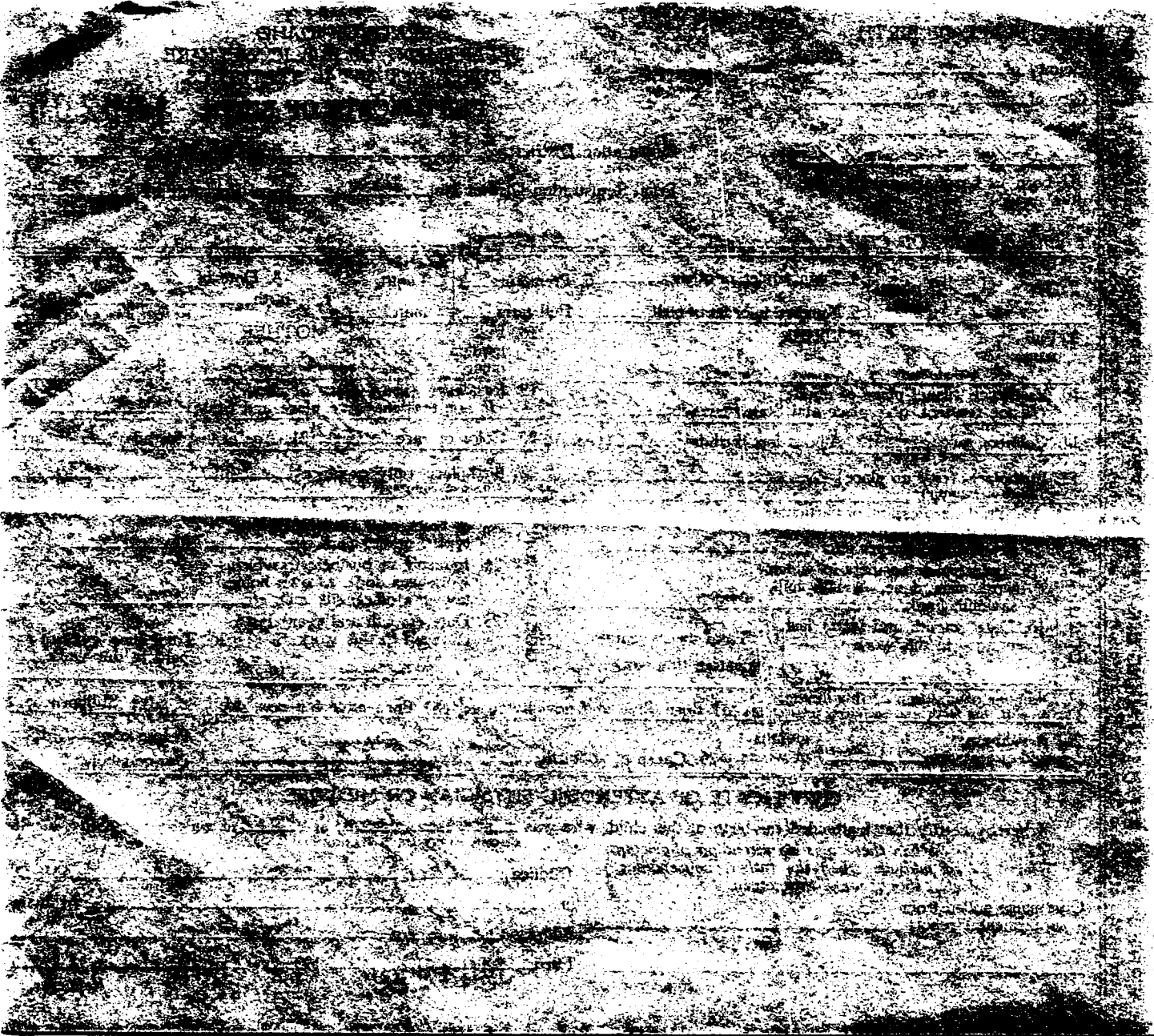
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. R. Abbott, M. D.

Give name added from a supplemental report _____ (DATE OF)

or _____, Midwife
Address Rigby Ida

Filed JAN 13 1932, 1932 H. R. Abbott Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Pay Pecos
City of near Pecos, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
JAN 22 1932
CERTIFICATE OF BIRTH 199319

Registration District No. 128 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. S

2. FULL NAME OF CHILD

Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legitimate? yes 8. Date of birth 12-14-1931
(MONTH, DAY, YEAR)

9. Full name FATHER Frank D. Johnson

18. Full maiden name MOTHER Pauline Monica Hill

10. Residence (usual place of abode) Lafayette, Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Lafayette, Idaho
(If non-resident, give place and state)

11. Color or race Indian 12. Age at last birthday 29 (years)

20. Color or race Indian 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Namiah, Idaho
(State or country)

22. Birthplace (city or place) Webb, Idaho
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 4

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn 1

28. If stillborn, period of gestation 8 months or weeks 29. Cause of stillbirth husband has Wasserman + Before labor yes During labor _____

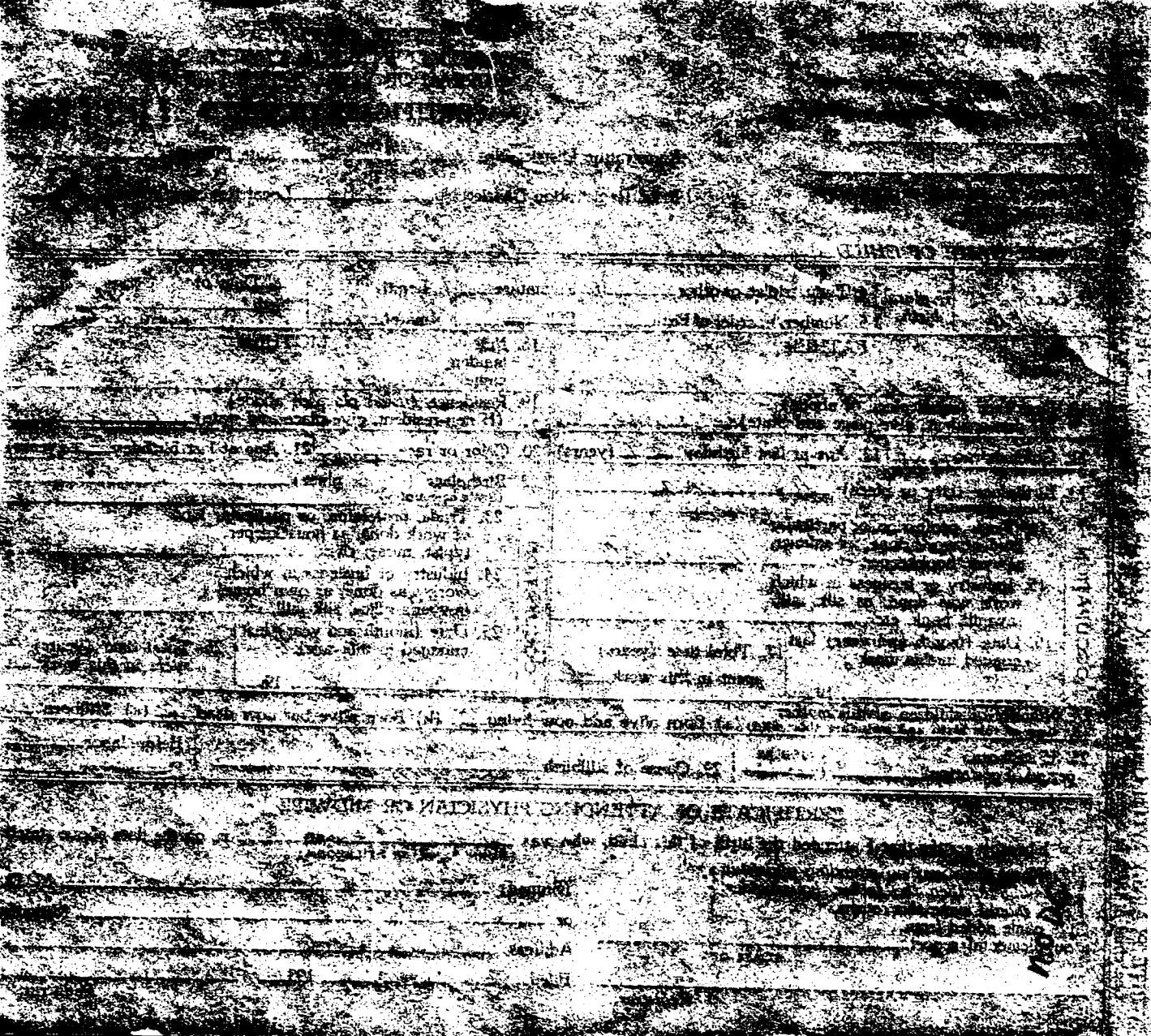
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:20 AM m. on the date above stated.
(BORN ALIVE OR STILLBORN)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) George Gagnard, M. D.

Give name added from a supplemental report _____ or _____, Midwife

(DATE OF) _____ Address Caldwell, Idaho
Filed December, 1931, George Gagnard, Registrar.



PLACE OF BIRTH

County of Gordonia
City of Wendell

No. _____ St. _____

(If born in hospital or institution
give name.)

FULL NAME OF CHILD

Registration District No. 22 State File No. _____Prim. Registration District No. 2018 Local Registrar's No. _____Stillborn

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>male</u>	Twin Triplet or other? (To be answered only in event of plural births)	and {	Number in order of birth <u>10</u>	Legiti- mate? <u>yes</u>	Date of birth <u>Oct. 15</u> 19 <u>31</u> (Month) (Day) (Year)
--------------------------	---	-------	---	-----------------------------	--

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 10 (a) Born alive and now living 9Born alive but now dead 0 Stillborn 1FATHER
FULL NAME Robert Bud. YatesResidence (Usual place of abode) Wendell

If nonresident, give place and State _____

Color or race White Age at last Birthday 45 (Years)Birthplace Montgomery Missouri
(City and State or Country)Occupation LaborerMOTHER
FULL MAIDEN NAME Carry Mae MorandiResidence (Usual place of abode) Wendell

If nonresident, give place and State _____

Color or race White Age at last Birthday 38 (Years)Birthplace Santa Fe New Mexico
(City and State or Country)Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

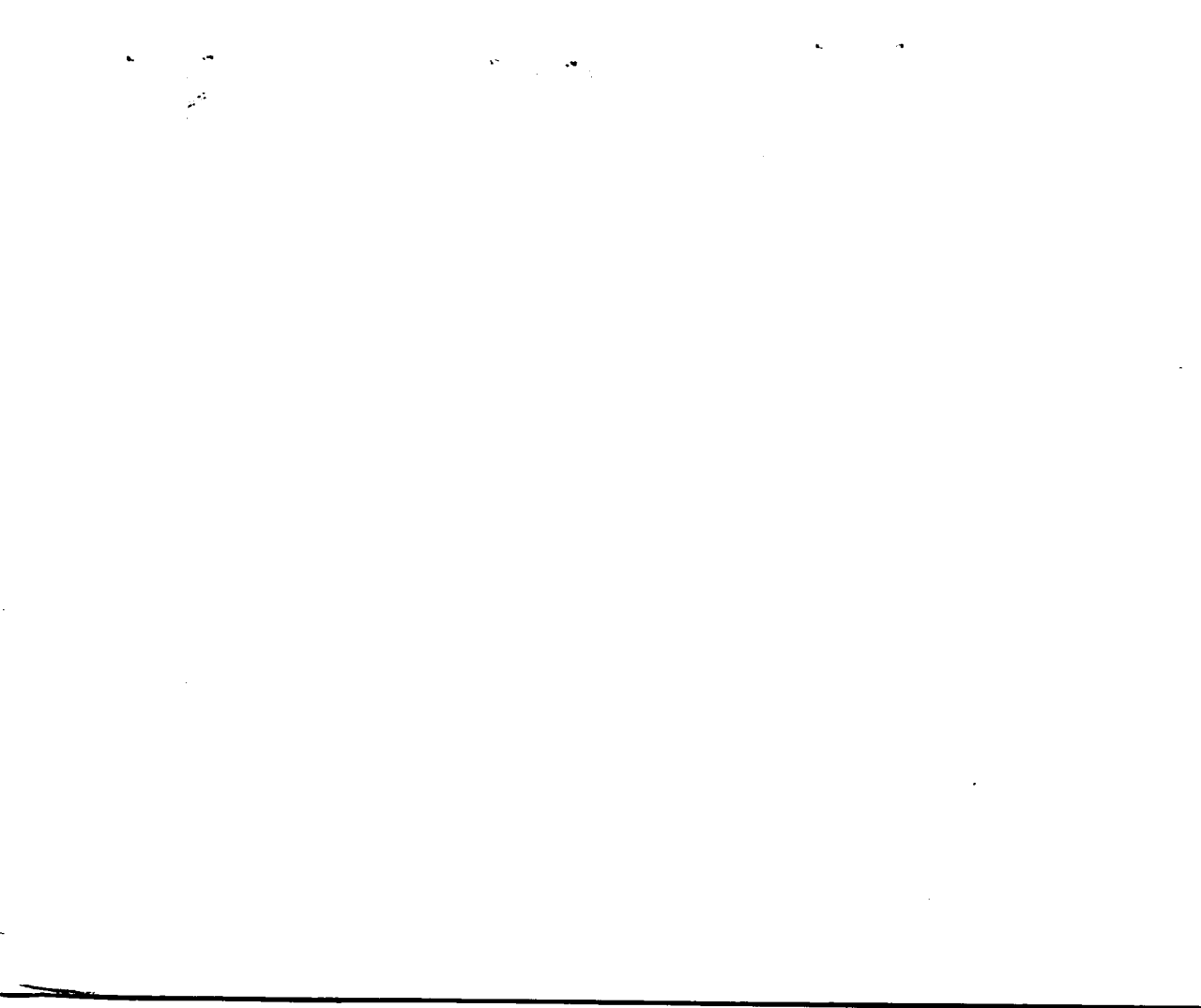
I hereby certify that I attended the birth of this child, who was Born alive Stillborn at 4:00 PM on the date above stated.(Signature) E. L. Simonton

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Wendell IdaFiled Jan 14 1932 E. L. Simonton
Registrar.

(Physician or midwife)

S202233



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No 5-25 M. 1-19.

1. PLACE OF DEATH

County of

City of

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Registration District No.

Primary Registration District No.

(No.

St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No.

Local Registrar's No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WID-
OWED OR, DIVORCED

6. DATE OF BIRTH

7. AGE

IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or
particular kind of work.
(b) General nature of in-
dustry, business or estab-
lishment in which employ-
ed (or employer)

9. BIRTHPLACE

(State or Country)

10. NAME OF
Father

11. BIRTHPLACE
OF FATHER

(State or Country)

12. MAIDEN NAME
OF MOTHER

13. BIRTHPLACE
OF MOTHER

(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15.

Filed

CERTIFICATE OF DEATH 13 1932

No name

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on

and that death occurred on the date stated above, at

The CAUSE OF DEATH* was as follows:

Contributory
(Secondary)

(Signed)

(Address)

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.

Where was disease contracted

if not at place of death?

Former or

usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Local Registrar

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home,** and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH,** state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL,** or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH *Idaho* 255-114
County of *Ada* 001-795
City of *Bosse*
No. *St Lukes* St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

202621

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD *1 Baby 1 Lenke*
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <i>M.</i>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate? <i>yes</i>	Date of birth <i>Apr. 14</i> 19 <i>31</i>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____
Number of child of this mother, including present birth *2* (a) Born alive and now living *0*
Born alive but now dead _____ Stillborn *1*

FATHER	MOTHER
FULL NAME <i>Emil J. Benke</i>	FULL MAIDEN NAME <i>Julia Green</i>
Residence (Usual place of abode) <i>Bosse</i>	Residence (Usual place of abode) <i>Bosse</i>
If non-resident, give place and State _____	If non-resident, give place and State <i>Idaho</i>
Color or race <i>White</i> Age at last Birthday <i>27</i> (Years)	Color or race <i>White</i> Age at last Birthday <i>25</i> (Years)
Birthplace <i>Idaho</i> (City and State or County)	Birthplace <i>Idaho</i> (City and State or County)
Occupation <i>Printer</i>	Occupation <i>Housewife</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

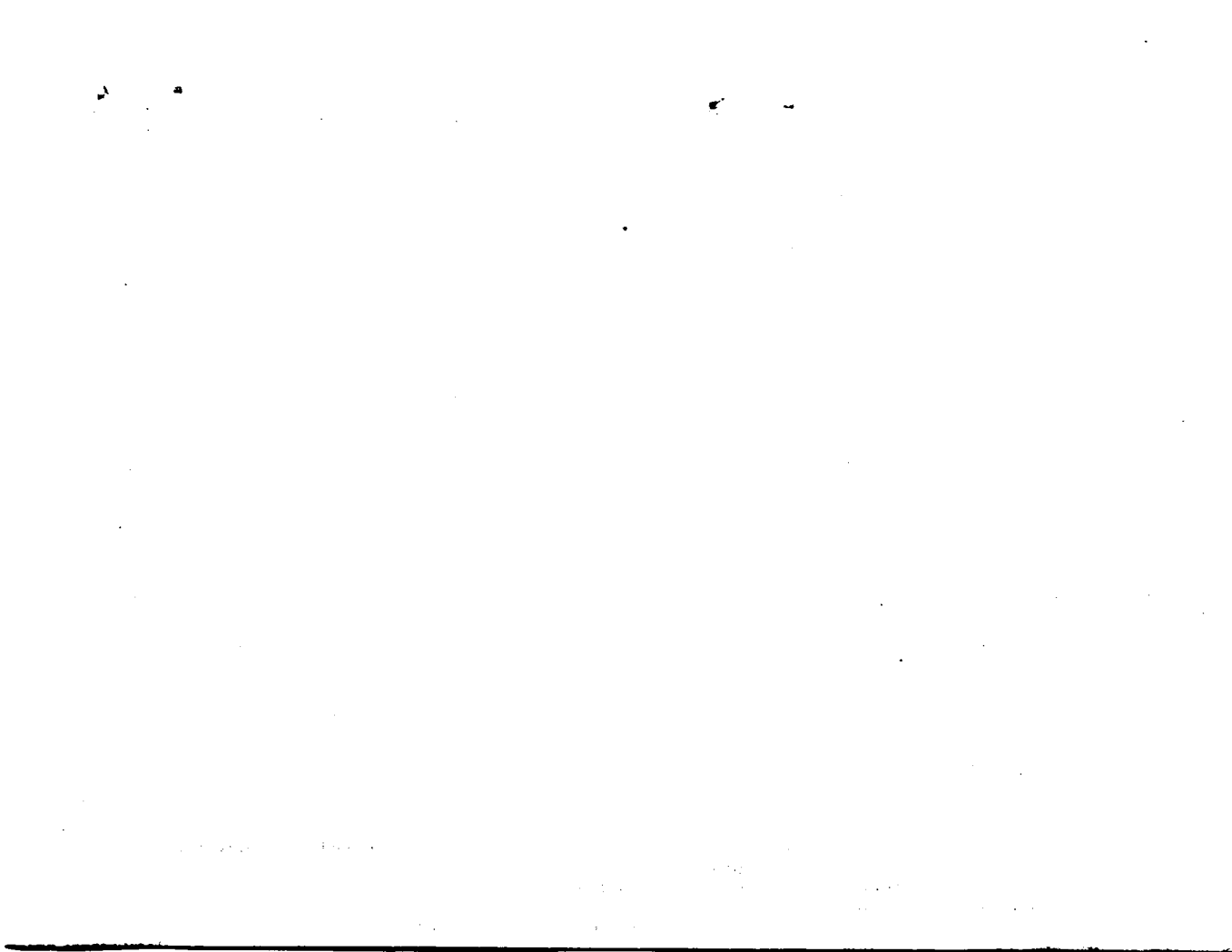
I hereby certify that I attended the birth of this child, who was *Born alive* Stillborn at *6 30 P* M on the date above stated.

(Signature) *Dr. B. B. Bosch*
(Physician or midwife)

Address *Bosse Idaho*

Filled _____ 19 _____

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECEIVED MAY 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **74660**

PLACE OF DEATH

County of **Ada.**City of **Boise.**

CERTIFICATE OF DEATH

Registration District No. **2**Primary Registration District No. **1004**(No. **St. Lukes Hospital.**)Local Registrar's No. **121**

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME **Baby Henke**

(a) Residence No. _____

St. _____

(Usual place of abode.)

(If nonresident give city or town and State.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 4. COLOR OR RACE **White.** 5. Single, Married, Widowed, or Divorced (write the word.) **Single.**

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day and year) **April 14th 1931**7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **None.**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) **Boise, Idaho.**
(State or country)

10. NAME OF FATHER

Emil Henke11. BIRTHPLACE OF FATHER (city or town)
(State or Country)**Idaho.**

12. MAIDEN NAME OF MOTHER

Julia Green13. BIRTHPLACE OF MOTHER (city or town)
(State or Country)**Caldwell, Idaho.**14. Informant **Emil Henke.**(Address) **Boise, Idaho.**15. Filed **4-14-31****W.H. Rhodes**
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

April 14th 1931

(Month)

(Day)

19____
(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Still born
that I last saw h. **im** alive on _____, 19____.

and that death occurred, on the date stated above, at _____ m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:**Still born**
premature birth 7 mo.CONTRIBUTOR **Fibroids of uterus.**
(Secondary) (duration) yrs. mos. ds.18. Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed) **W.H. Rhodes**, M. D.
4/14/31, 19____ (Address) **Boise, Ida.**

19. Place of Burial, Cremation, or Removal

Date of Burial

Morris Hill Cemetery. 4/15/31

19

20. Undertaker

Address

Wm. McBratney. Boise, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.
PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill;** (a) **Saleman, (b) Grocery;** (a) **Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid House-keepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

accepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.**; **Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

415-106001-868

1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. St. Luke's
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. 2003 Local Registrar's No. 25

2. FULL NAME OF CHILD Baby Davidson

3. Sex <u>male</u>	4. Twin, triplet, or other <u>1st</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>No</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 6, 1934</u> (MONTH, DAY, YEAR)
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9. Full name <u>Grover C. Davidson</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho</u>	11. Color or race <u>White</u>	12. Age at last birthday <u>44</u> (years)	13. Birthplace (city or place) (State or country) <u>Drexel Mo</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u></u>	16. Date (month and year) last engaged in this work <u>19</u>	17. Total time (years) spent in this work <u></u>	18. Full maiden name <u>Bertha Hoover</u>
19. Residence (usual place of abode) (If non-resident, give place and state) <u>Idaho</u>	20. Color or race <u>W</u>	21. Age at last birthday <u>36</u> (years)	22. Birthplace (city or place) (State or country) <u>Mitchell</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>home</u>
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u></u>	25. Date (month and year) last engaged in this work <u>19</u>	26. Total time (years) spent in this work <u></u>	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____	
28. If stillborn, period of gestation <u>months</u> or weeks	29. Cause of stillbirth <u>Before labor</u> or <u>During labor</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1 m. on the date above stated.
(BORN ALIVE OR STILLBORN)
(Signed) N. F. Neal, M. D.
or _____, Midwife
Address Meridian Idaho
Filed 6-10, 1932

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(DATE OF)



RECEIVED JUN 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

75038

State File No.

PLACE OF DEATH

County of Ada
City of Brian

Registration District No. 2
Primary Registration District No. Idaho Local Registrar's No. 144

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Baby Davidson (stillborn) St. _____
(a) Residence. No. _____
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day and year) May 6, 1931
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (city or town) Brian (State or country) Ida

10. NAME OF FATHER J. C. Davidson
11. BIRTHPLACE OF FATHER (city or town) Grevel (State or Country) Ida.
12. MAIDEN NAME OF MOTHER Bertha Hoobler
13. BIRTHPLACE OF MOTHER (city or town) Si. Dakota (State or Country) Si. Dakota

14. Informant J. C. Davidson (Address) Mundian Idgo

15. Filed 5-6, 1931. W. H. Rhoads Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 6 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 5-6, 1931, to 5-6, 1931
that I last saw him alive on _____, 19____
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Born dead due to fall
mother leaving alone
present at 11 P.M. 5-5-31(?)
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) J. T. Neal M. D.
5-6, 1931 (Address) Mundian Idgo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Mundian Idgo Date of Burial 5/8 1931

20. Undertaker B. W. Robison Address Mundian Idgo

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

243 223 001 765

RECEIVED JUL 11 1932

STATE OF IDAHO

S

County of Ada

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

202642

City of Bow

CERTIFICATE OF BIRTH

No. 1412 1/2 Hays St.

Registration District No. 2 State File No. 261

(If born in hospital or institution
give name.)

Prim. Registration District No. 1004 Local Registrar's No. 261

FULL NAME OF CHILD Infant Buchanan

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>f.</u>	Twin Triplet or other?	{ and }	Number in order of birth	Legiti- mate?	Date of birth <u>Dec 23</u> 19 <u>31</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 1 (a) Born alive and now living none

Born alive but now dead none Stillborn 1

FULL NAME <u>Wm Buchanan</u>	FATHER	FULL MAIDEN NAME <u>Eleanor Jones</u>	MOTHER
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Residence (Usual place of abode) 1412 1/2 Hays

If non-resident, give place and State —

Color or race W Age at last Birthday 30 (Years)

Birthplace Idaho (City and State or County)

Occupation Yacht Owner

Residence (Usual place of abode) 1415 1/2 Hays

If non-resident, give place and State —

Color or race W Age at last Birthday 32 (Years)

Birthplace Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.
on the date above stated.

(Signature) D.H. Parker

(Physician or midwife)

*Where there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Address 6-4 1932 W. H. Rhodes

Filed 6-4 1932 Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JAN 7 1932

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 1004(No. St. Luke's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Infant Buchanan(a) Residence. No. 1412 1/2 Hays Street St. Boise

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 23. 1931

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

13. NAME William M. Buchanan

14. BIRTHPLACE (city or town) Kansas
(State or country)

15. MAIDEN NAME Elnior Jones

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT William M. Buchanan
(Address) 1412 1/2 Hays Street
Boise, Idaho

18. BURIAL, CREMATION, OR REMOVAL
Morris Hill Cemetery Dec. 24. 1931

19. UNDERTAKER Summers & Krebs
(Address) Boise, Idaho

20. FILED 12-24-1 W. H. Rhodes
Registrar.

DO NOT WRITE IN THIS SPACE

77416

State File No.

Local Registrar's No. 337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-24-1931

22. I HEREBY CERTIFY, That I attended deceased from
1931, to 1931

I last saw h. alive on 1931; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1931

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Rhodes, M. D.(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN